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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 private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

	Ā	For the 2	2014 cale:	ndar year, or tax y	ear beginning	1	, 20	014, and	l ending			, 20		
				C Name of organizati				D Employer identification number						
		Address o		Doing business as							86-0662511			
		Name cha	ĭ i		(or PO box if m	nail is not delivered to	street address	s) R	oom/suite	)	E Telephor	ne number		
		Initial retu	ı ı	20645 N. Pima Ro	ad				10	00	480-991-5500			
	_		ı			ntry, and ZIP or fore	an postal code	L				400-331-3300		
		Final return/terminated Crty or town, state or province, country, and ZIP or foreign postal code										cointe \$ a	E 444 720	
		Amended return  Scottsdale, AZ 85255-5595  G Gros  Application pending  F Name and address of principal officer  Brett G, Drewry  H(a) Is this a group return											5,144,728	
	ш	Application pending F Name and address of principal officer Brett G. Drewry  Address same as C. above H(b) Are all subordinate												
		T					- \ 🗖	$\Box$				s included? 🗀 <b>Yes</b> a list (see instructio		
		Tax-exem		501(c)(3)	✓ 501(c) (	( 6 ) <b>◄</b> (insert n	o) 🗌 4947(a)(	1) or $\square$	527	┥			110)	
		Website:		w.mpaz.org		. [7]		l		H(c) Group	<del></del>			
				Corporation Tr	ust Associa	ation		L Year o	f formatio	n <b>1990</b>	M State	of legal domicile	AZ	
	F	art I	Summ											
	•			escribe the organ		_								
	Activities & Governance			n and energy indu						ugh efforts	to help th	nese industries		
	ma			he problems caus										
	Vel			is box ▶☐ if the					osed of	more than	1 25¦% of	its net assets.		
	Ĝ		Number o	of voting member	rs of the gove	erning body (Par	t VI, line 1a)				3		12	
	8			of independent vi							4		12	
	tie	5	Total num	nber of individual	s employed ı	n calendar year	2014 (Part \	V, line 2	a) .		5		4	
	ţį	6	Total num	nber of volunteer	s (estimate if	necessary) .					6		0	
	Ac	7a ∃	Total unre	elated business r	evenue from	Part VIII, columi	<del>լ (C), line 12</del>		\		7a			
		1 d	Net unrel	ated business ta	xable income	from Form 990	T, line 34	·CEI	VEL	) ] .	7b		0	
SCANNID							1.			1 Epidr Y	ar	Current Ye		
\$	ø.	8 (	Contribut	tions and grants (	Part VIII. line	1h)	16 NO			8 8	3,962,508	9	5,042,887	
Ź	Revenue			service revenue			ISI NO	) I V	20 <del>15</del>	6	0		<u>0,0 .2,00,</u>	
2		i		nt income (Part V			liii.		·		85,101		101,841	
Щ				venue (Part VIII, c						┯ ┼	03,101		101,041	
$\stackrel{\smile}{=}$		12	Total reve	enue—add lines 8	through 11 (	must equal Part \	All-colling	(DE			9,047,609		<u> </u>	
DEC				nd sımılar amoun				( <del>/ 1),           </del>	12)				5,144,728	
Ċ,				paid to or for mei					·	110	5,687,000	11	<u>2,818,494</u>	
				other compensation				· · ·	10;  -		0		405.000	
8	Expenses									<del></del>	472,113		495,838	
2	en			onal fundraising fo			•		6.75	A101 151 1	0		0	
2015	Ä			draising expense										
<b>.</b>	_			penses (Part IX, c					·		383,162		372,462	
				enses. Add lines					·		7,542,275		<u>3,686,794</u>	
		19 F	Revenue	less expenses. S	subtract line	18 from line 12	· · · ·				,494,666)		3,542,066)	
	Vet Assets or und Balances	-	F		۵۱				Be	eginning of C		End of Ye		
	Sset			ets (Part X, line 1					• _	5	4 <u>,317,250</u>	3	0,789,784	
	Vet A			ulities (Part X, line						1	4,065,963		9,080,563	
				ts or fund balanc	es. Subtract	line 21 from line	20			4	0,251,287	2	1,709,221	
	Pa	rt II	Signat	ture Block										
				ry, I declare that I hav								my knowledge and	d belief, it is	
	true	e, correct,	and comple	ete Declaration of	parer (other thai	n officer) is based on	all information	of which	preparer f	nas any know	ledge			
				Jun &	muse									
	Sig		Signa	ature of officer	$\sigma$		(			Đ	ate	1.1		
	He	re		3cett 10	rewry,	Presid	ent E	CEO	)		11	14/15		
			Туре	or print name and titl	e (		- •					, ,		
	Pai	id	Print/Typ	pe preparer's name		Preparer's signatur	re		Date	е	Check	☐ rf PTIN		
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		e Only		ame >		•				Fin	n's EIN ▶			
	US	e Only		ddress ▶							one no			
	May	the IR		s this return with	the preparer	shown above?	see instruct	tions) .				. [] Ye	s No	
			_	ction Act Notice,				, -	Cat No	11282Y			990 (2014)	
													··/	

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Form 99	90 (2014)	Page <b>2</b>
Part '		
1	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	The Marine Preservation Association is a privately funded, non-profit corporation which supports its members' ability to meet their United States oil spill response requirements by providing funding for and a planning forum for establishing and	
	maintaining efficient, effective oil spill response capabilities.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
_	services?	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 measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	∍d by thers,
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	Provided financial assistance in the form of net grants provided to a social welfare organization totaling \$112,818,494 in order to	
	maintain and increase existing capabilities for mitigating the environmental damage caused by oil spills within specified geograp	hic
	areas determined by the Board of Directors of the Corporation.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	·····	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶	

Form 99			F	age 3
Part	V Checklist of Required Schedules	1		
`1	to the executation described in postion 501(a)(b) or 4047(a)(1) (athor there a provide foundation)? If "\\00"		Yes	No
ı	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			<u>√</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		<u> </u>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓	
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		<b>→</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
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		· ✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
đ	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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d	-	1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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			
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>✓</b>
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		1
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? <i>If "Yes," complete Schedule G, Part II</i>	18		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>✓</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
<b>A</b> 4	Datha and the second of the se		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	✓	
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	<b>✓</b>	
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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		1
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):			
	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		<b>✓</b>
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? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<b>✓</b>
31	conservation contributions? If "Yes," complete Schedule M	30		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		1
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		1
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	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Ė	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37		<b>✓</b>
	The state of the s		QQ(	0 (2014

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
`	Officer if Schedule O Contains a response of flote to any line in this Part V	<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
ь	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
U	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	·	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		7
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<u>√</u>
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>,                                     </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		,	
7	gifts were not tax deductible?	6b	<u> </u>	
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			
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]  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		
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.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		<u> </u>
		For	n <b>990</b>	(2014)

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			
Section	on A. Governing Body and Management	<del></del>	<u> </u>	_ 🖳
			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 in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent .    1b 12  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		1
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		1
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	✓ ✓	<b>√</b>
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	•	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		ļ	
a b	The governing body?	8a 8b	1	
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 in Schedule O	9		/
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Ci	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
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? If "No," go to line 13	12a 12b	<b>√</b>	ļ
C	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>√</b>	
13 14	Did the organization have a written whistleblower policy?	13	<b>√</b>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<b>✓</b>	,
	Other officers or key employees of the organization	15b		<b>✓</b>
	with a taxable entity during the year?	16a		1
	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?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Arizona  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	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 in financial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: <b>•</b>	
	Mitzi Callow 20645 N. Pima Road, Suite 100, Scottsdale, A7, 85255 (480) 991-5500			

Form	990	(2014)

Paga	-

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 no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(C)										·
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)				e than o	an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Leon Crites	0									
Director/Chairperson		✓		✓				0	o	0
(2) David Cyr	0									
Director/Treasurer		✓		✓				0	0	0
(3) Greg DeMarco	0	]	Ì			İ				
Director		✓						0	0	0
(4) Tom Garrett	0									
Director		1						o	0	0
(5) Tom Hardison	0									
Director		✓						0	o	0
(6) Eric Haugstad	0									
Director		✓					<u> </u>	0	0	0
(7) Jeff Johnson	0									
Director		✓						0	0	0
(8) Miles Kajioka	0	]								
Director		✓						0	0	0
(9) Mitch Masterson	0									
Director		✓						0	0	0
(10) David McBride	0									
Director		✓						o	0	0
(11) Martin Padilla	0									
Director/Treasurer		✓		1				0	0	0
(12) Jeff Patry	0									
Director		✓		l				0	0	
(13) Steve Pepper	0									
Director		✓	<u>L</u>		L			_0	0	0
(14) Terry Roby	0									
Director		✓						0	0	0

(A) Name and title		(B) Average hours per week (list any	box, i	unles er and	Pos eck s pe	rson	than o	an tee)	(D)  Reportable compensation from	(E) Reportable compensation fr	om	Estir amo	F) nated unt of her	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	fron organ and r	ensation in the iization related izations	
	nil Smith	0											-	
	irector rett Drewry	40	<b>V</b>						0		0			0
D	irector/President/CEO/Secretary		1		✓			<u> </u>	296,695		0		67	,557
(17)		 												
(18)														
(19)						_					+			
											$\perp$			
(20)														
(21)														
(22)		<del></del>												
						L								
(23)														
(24)														
(25)											-			
											$\perp$			
1b c	Sub-total	 VII. Sectio	n A		•			<b>▶</b>	296,695 0	1	0		67	,557 (
d	Total (add lines 1b and 1c)	<u> </u>	<u> </u>					<b>•</b>	296,695				67	,557
2	Total number of individuals (including bur reportable compensation from the organ		to th	ose	lıs:	ted	above	e) w	ho received m	ore than \$100	,000	of		
									<del></del>				Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete											3		· •
4	For any individual listed on line 1a, is the											180%	sit in East	V Va.
	organization and related organizations individual	•	an \$					s,"	complete Sch	nedule J for	such		1	1. r' 
5	Did any person listed on line 1a receive of							y ur	 nrelated organi:	 zatıon or ındıv	ıdual	4 0.	•	
0	for services rendered to the organization	? If "Yes," c	comp	lete	Scl	nedu	ıle J	for s	such person		•	5		<u>√</u>
Section 1	n B. Independent Contractors  Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more than	\$100	0.000 of		
	compensation from the organization. Rej year.													ĸ
	(A) Name and business add	Iress							(B) Description of s	services		<b>(C)</b> Compens	ation	
Duane	Morris, LLP - 30 South 17th Street, Philadel	ohia, PA 191	03-41	96				Le	gal Services				132,60	31.5
												•		
								-						
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who		District Control		

Part	VIII					D- 43/00		_
		Check if Schedule O contains	a res	ponse or note to	(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					
3ra Iou	ь	Membership dues	1b	95,042,887				1
ŁS, (	С	Fundraising events	1c					1
Giff ilar	d	Related organizations	1d					
ns, Sim	e	Government grants (contributions)	1e					
utio er (	f	All other contributions, gifts, grants,					-	
of H		and similar amounts not included above	1f					
Contributions, Gifts, Grants and Other Similar Amounts	g h	Noncash contributions included in lines 1a						
	- "	Total. Add lines 1a-1f	• •	Business Code	95,042,887	<del></del>	<u> </u>	
enn	2a			Dubinioso Godo				ļ
Re	b	***************************************						
ice	С							
Sen	d							
E E	е							
Program Service Revenue	f	All other program service revenu	Je.					
<u>~</u>	g	Total. Add lines 2a-2f		▶			** 3 ¢	
	3	Investment income (including and other similar amounts) .	divid	lends, interest,				
	4	Income from investment of tax-exe			101,841			101,841
	5				-			-
	•	Royalties	<u>.                                     </u>	(ii) Personal			1	
	6a	Gross rents						
	b	Less rental expenses	-	-	_			
	С	Rental income or (loss)						
	d			<u>.</u> <b>&gt;</b>				
	7a	Gross amount from sales of assets other than inventory	ies	(ii) Other				
	b	Less cost or other basis and sales expenses .						
	С	Gain or (loss)		1,				
	d	Net gain or (loss)		•				
nue	8a	Gross income from fundraising			,			
Revenue		events (not including \$ of contributions reported on line 1	c)					
Other		See Part IV, line 18	· a					
₹	t	Less: direct expenses			-			
		Net income or (loss) from fundra		events .				1
	9a	Gross income from gaming activ See Part IV, line 19						
	_ h	Less: direct expenses						
		Net income or (loss) from gamin						ļ
		Gross sales of inventory,						
		returns and allowances						
	b	Less: cost of goods sold	. b	,				
	С	Net income or (loss) from sales	of inv	entory . ►				
		Miscellaneous Revenue		Business Code				
	11a							
	b				-		<del> </del>	
	c d	All other revenue		<del></del>				
	e	Total. Add lines 11a–11d						1
	12	Total revenue. See instructions			95,144,728			101,841

	0 (2014)				Page <b>10</b>
Part	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	other organization	ns must complete col	lumn (A).
<del>,</del>	Check if Schedule O contains a respons				🗆
	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	112,818,494		gorio di oxponisso	
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	356,317		<u> </u>	
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 8	Other salaries and wages	96,619			
9	· · · · · · · · · · · · · · · · · · ·	6,630	<del></del> _		
_	Other employee benefits	16,651			
10 11	Payroll taxes	19,621	<del></del>		
''	Management				
b	Legal	138,961	<del></del>		· · · · · · · · · · · · · · · · · · ·
c	Accounting	16,838			
d	Lobbying	10,030			···
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees		<u>.</u>		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	39,308			
13	Office expenses	25,744			
14	Information technology	6,548			
15	Royalties				
16	Occupancy	32,909			
17	Travel	51,416			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	32,069			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	4,289		ļ	
23	Insurance	5,423			
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.)	j.			
а	Dues and Subscriptions	12,296			
b	Payroll and Retirement Plan Processing	5,806			· · · · ·
С	Taxes and Licenses	142			
d					
е	All other expenses	713			
25	Total functional expenses. Add lines 1 through 24e	113,686,794			
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)				

Ра	rt X						
		Check if Schedule O contains a response or	r note to any	line in this Par	t X		<u></u> . 🗖
•		_			(A) Beginning of year	:	<b>(B)</b> End of year
_	1	Cash-non-interest-bearing			44,302	1	18,988
	2	Savings and temporary cash investments		[	54,237,422	2	30,710,529
	3	· · · · · · · · · · · · · · · · · · ·		[		3	
	4	Accounts receivable, net			3,533	4	33,834
1	5	Loans and other receivables from current and	former officer	rs, directors,			
		trustees, key employees, and highest co	ompensated	employees			
		Complete Part II of Schedule L		[		5	
ध	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	nd contributing of tary employee	employers and s' beneficiary		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			<u></u>	8	
	9	Prepaid expenses and deferred charges .			17,414	9	13,297
	10a	Land, buildings, and equipment: cost or	1 1				10,207
		other basis. Complete Part VI of Schedule D	10a	82,748			
	b	Less: accumulated depreciation	10b	69.612	14,579	10c	13,136
	11				,	11	
	12	Investments - other securities. See Part IV, line				12	
- 1	13	Investments-program-related. See Part IV, line		<b>—</b>		13	
	14	Intangible assets		[		14	
-	15					15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34) .	[	54,317,250	16	30,789,784
_ [	17	Accounts payable and accrued expenses			201,971	17	197,786
	18	Grants payable		[	7,620,000	18	4,386,000
	19	Deferred revenue			6,243,992	19	4,496,777
:	20	Tax-exempt bond liabilities		[		20	
	21	Escrow or custodial account liability. Complete				21	
es :	22	Loans and other payables to current and for					
≣		trustees, key employees, highest compen		oyees, and			
Liabilities		disqualified persons. Complete Part II of Schedu	ule L			22	
_   '	23	Secured mortgages and notes payable to unrela		<b>—</b>		23	
	24	Unsecured notes and loans payable to unrelated				24	
;	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D	s 17-24) Com	plete Part X			
				· · · ·  -		25 26	
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958	· · · ·	· · · · ·	14,065,963	26	9,080,563
ces		complete lines 27 through 29, and lines 33 an	d 34.				
필	27	Unrestricted net assets			40,251,287	27	21,709,221
Ba	28	Temporarily restricted net assets				28	
[ 말	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9) complete lines 30 through 34.	58), check her	e▶ 🗌 and 🏻			
<b>1</b>	30	Capital stock or trust principal, or current funds		[		30	
SSE	31	Paid-in or capital surplus, or land, building, or ea				31	
¥ :	32	Retained earnings, endowment, accumulated in				32	
a) i	33	Total net assets or fund balances				33	
Ž	34	Total liabilities and net assets/fund balances			40,25 <u>1,287</u>	34	21,709,221 30,789,784

_			
Form	990	(2014)	

Page **12** 

			Part .
<u> D</u>	<u> </u>	note to any line in this Part XI	
95,144,728		12)	
13,686,794		25) <b>2</b>	
<u> (8,542,066)</u>	(		3
40,251,287		ust equal Part X, line 33, column (A)) 4	
		6	
		in in Schedule O)	
		ne lines 3 through 9 (must equal Part X, line	10
21,709,221			_
			Part 2
<u> </u>	· · · ·	note to any line in this Part XII	
Yes No			
; (	_	☐ Cash ☑ Accrual ☐ Other	
1	ın 💢	iting from a prior year or checked "Other," explain	
57 /			
✓		ed or reviewed by an independent accountant?	
44 1/4 1	or	he financial statements for the year were compiled	
4.3	, ,	r both:	
		th consolidated and separate basis	
✓	. 2b	d by an independent accountant?	
- 4.	a	ne financial statements for the year were audited o	
·   r '	,		
		oth consolidated and separate basis	
		e a committee that assumes responsibility for oversi	
✓		atements and selection of an independent accountar	
ر بر	ın	cess or selection process during the tax year, explain	
A') [E			
		n required to undergo an audit or audits as set fortl	
✓			
		audit or audits? If the organization did not undergo	
İ	3b	and describe any steps taken to undergo such audits	

#### **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 2014

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Department of the Treasury Internal Revenue Service

► 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

	ee separate instructions), th	nen	rax) (see separate	e instructions) or Form 990-	-EZ, Part V, line 35C (Proxy
	ection 501(c)(4), (5), or (6) orga of organization	inizations Complete Part III.		Employer iden	tification number
	9			, ,	
Part	Preservation Association  Complete if the	e organization is exempt unde	er section 501/		86-0662511 organization
1 2 3	Provide a description of the Political expenditures . Volunteer hours	the organization's direct and indire	ct political campa	ign activities in Part IV. ▶ \$	
Part		e organization is exempt unde	er section 501(	c)(3).	
1		excise tax incurred by the organiza			) <del></del>
2		excise tax incurred by organization	•		; 
3		ed a section 4955 tax, did it file For			Yes No
4a					Yes No
b Part	If "Yes," describe in Part	e organization is exempt unde	or coation E01/	a) avaant agation EO1	(a)(2)
2 3 4 5	activities Enter the amount of the 527 exempt function acti Total exempt function eline 17b Did the filing organization Enter the names, address organization made payme the amount of political control of the second	filing organization's funds contrib	uted to other org Enter here and Comparison  Enter here and Comparison  Enter (EIN) of all seenter the amount  Enter the amount	spanizations for section  on Form 1120-POL,  ection 527 political organic paid from the filing organic delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule	C	(Form	990	٥r	990.	FΛ	201	4

						rage 📥
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt u	under section 50	01(c)(3) and file	d Form 5768 (ele	
A	Check ▶ ☐ If the filing organization b	elongs to an af	filiated group (ar	d list in Part IV	each affiliated gro	up member's
	name, address, EIN, expe					
<u>B</u>	Check ▶ ☐ If the filing organization c			rol" provisions	apply.	
		bying Expendit		<del></del> ;	(a) Filing	(b) Affiliated
	(The term "expenditures" r	neans amounts	paid or incurred.	)	organization's totals	group totals
•	1a Total lobbying expenditures to influence	e public opinion	(grass roots lobby	ing)		
	<b>b</b> Total lobbying expenditures to influence	e a legislative bo	ody (direct lobbying	3)		
	c Total lobbying expenditures (add lines	1a and 1b) .				
	d Other exempt purpose expenditures .					<u>-</u>
	e Total exempt purpose expenditures (ac	dd lines 1c and 1	d)			
	f Lobbying nontaxable amount. Enter columns.	the amount fr	rom the following	table in both		•
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		192
	Not over \$500,000		nount on line 1e			
	Over \$500,000 but not over \$1,000,000		15% of the excess			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess	1	· ·	
	Over \$1,500,000 but not over \$17,000,000	<del></del>	5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 2					
	h Subtract line 1g from line 1a. If zero or					
	i Subtract line 1f from line 1c. If zero or					
	j If there is an amount other than zer			_	n file Form 4/20	☐ Yes ☐ No
	reporting section 4911 tax for this yea		· · · · · · ·			
	(Some organizations that made a s See th	ection 501(h) ele le separate insti	ructions for lines	e to complete al 2a through 2f.)	l of the five column	s below.
	<u>Lobbyir</u>	ng Expenditures	During 4-Year Av	veraging Period	т т	
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
- 2	2a Lobbying nontaxable amount					
	<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))	42 100 100 100 100 100 100 100 100 100 10		10.54 5.54 5.54 5.55 5.55 5.55 5.55 5.55		
	f Grassroots lobbying expenditures					

<u> </u>	(election under section 501(h)).	(i	a)		(b)	
desci	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed aption of the lobbying activity.	Yes	No	A	mount	<u> </u>
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)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?			<u> </u>		
f	Grants to other organizations for lobbying purposes?			L		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
!	Other activities?	7407		<u> </u>		
J	Total. Add lines 1c through 1i	" Yaun	A. 1.	1.10/350.51	Contains	S. 62 5 62.00
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	o and a said	DAMAGE S	建學學		(M, 27)
b	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>		
d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<i>33,000</i>		No.	i da karana	
Part		1(5).	or se	ction		
	501(c)(6).	,,,,,	J. 00	00011		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2	<b>✓</b>	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		<b>✓</b>
Part	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," O answered "Yes."	)(5), ( R (b)	or se Parl	tion Hill-A,	line :	3, is
1 2	Dues, assessments and similar amounts from members	of	1			
а	Current year		2a	1		
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
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					
5	and political expenditure next year?	٠	4	<del></del>		
Par		•	5	<u> </u>		
Provid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pa	rt II-A, I	ines 1	and
		·				

Schedule C (For	m 990 or 990-EZ) 2014	Page <b>4</b>
Part IV	Supplemental Information (continued)	
•••••		

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

**Supplemental Financial Statements** 

► 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 Inspection

OMB No 1545-0047

Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Name of the organization Employer identification number Marine Preservation Association 86-0662511 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 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 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) Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . . 2a Total acreage restricted by conservation easements . . . . 2b 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 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 violations, and enforcement of the conservation easements it holds? . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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. 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: Revenue included in Form 990, Part VIII, line 1 . . . . . \$ Assets included in Form 990, Part X .

Part									
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and oth	er record	ds, check a	iny of the	follow	ng that are a s	ignificant use	e of its
а	☐ Public exhibition		<b>d</b> [	Loan or	exchange	progra	ams		
b	☐ Scholarly research		е [	Other _					
C	☐ Preservation for future generations								
4	Provide a description of the organizati XIII.	on's collections a	nd expla	ın how they	further th	ne orga	anızatıon's exen	npt purpose	ın Part
5	During the year, did the organization s								
	assets to be sold to raise funds rather		ned as p	art of the or	rganızatıo	n's col	lection?	☐ Yes	□ No
Part	Complete if the organization 990, Part X, line 21.	answered "Yes"							rm
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot □ Yes	□ No
b	If "Yes," explain the arrangement in Pa							☐ 162	_ NO
	ii res, explain the arrangement ii r	art Am and compic	te the for	iowing table	<b>.</b>		A	mount	<del></del>
С	Beginning balance					1c	-		
d	Additions during the year					1d			
е	Distributions during the year					1e	<u> </u>		
f	Ending balance					1f			
2a	Did the organization include an amoun								∐ No
	If "Yes," explain the arrangement in Pa	rt XIII. Check here	of the ex	planation h	as been p	rovide	d in Part XIII .	· · ·	<u> </u>
ੂ Par	Endowment Funds.  Complete if the organization	anawarad "Vaa"	to Forn	000 Bod	t IV Juno	10			
	Complete if the organization	(a) Current year	(b) Pric		:) Two years		(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance	(a) Carrent your	(5),	,, , , , , , , , , , , , , , , , , , , ,		- Juon	(2)	(0) (0)	
b	Contributions								
c	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 the			e (line 1g, c	olumn (a))	) held a	is:		
a	Board designated or quasi-endowmen		%						
b	Permanent endowment ►	%							
С	Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2	% 	00/						
3a				zation that a	are held a	nd adr	ministered for th	ne	
	organization by:	, possession or an	o organi.		u. 0 11010 0			Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organi	zations listed as re	equired o	n Schedule	R? .			3b	
4	Describe in Part XIII the intended uses		n's endo	wment fund	ds.				
Part									
	Complete if the organization	answered "Yes'	' to Forn				· · ·		
	Description of property	(a) Cost or oth		(b) Cost or o			Accumulated preciation	(d) Book va	ilue 
1a	Land					<u> </u>			
b	Buildings								
C	Leasehold improvements	·							
d	Equipment		-		42,861		38,709		4,152
Total	Other	·	00 Part \	( ook:=== "	39,887	<u> </u>	30,903	<del>.</del>	8,984
ı otal.	Add lines 1a through 1e. (Column (d) m	iust equal Form 9	ου, raπ )	s, column (E	5), iine 10	υ <u>).</u>	<b>.</b> ▶		<u>13,136</u>

Part VII	Investments - Other Securities				
	Complete if the organization ans		m 990, Part IV, line	e 11b. See Form 99	90, Part X, line 12.
	(a) Description of security or category (including name of security)	y	(b) Book value		d of valuation -year market value
(1) Financial					
	neld equity interests				<u> </u>
(3) Other					
(A)					
(B)					
(C)	•				
(D) (E)					
(F)					·
(G)		•••			
(H)					
	b) must equal Form 990, Part X, col. (B) line 12 ) ▶				
Part VIII	Investments—Program Relate	d.		<u> </u>	
	Complete if the organization ans		m 990 Part IV line	e 11c. See Form 9	90 Part X line 13
	(a) Description of investment	10104 103 10101	(b) Book value		d of valuation
	(c) Cocompliant of invocations		(b) Book take		-year market value
(1)					
(2)		<u> </u>			
(3)		· .			
(4)		<del></del>			
(5)					
(6)					
(7)					***
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization ans		m 990, Part IV, line	e 11d. See Form 9	
		a) Description			(b) Book value
(1)					
(2)		<del>-</del>			
(3)					
(4)		· · · · · · · · · · · · · · · · · · ·			
(5) (6)					
(7)		<del>.</del>			
(8)		<del></del>			
(9)					-
	mn (b) must equal Form 990, Part X, c	col. (B) line 15 )			<del>.</del>
Part X	Other Liabilities.				
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, line	e 11e or 11f. See F	orm 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	come taxes				
(2)					
(3) See Par	XIII - Supplemental Information				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		<u> </u>			
	b) must equal Form 990, Part X, col. (B) line 25 )	1	h e		

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

マムト	ماريامه	D /East	n 990) 201.	A

Page 4

Pari	Reconciliation of Revenue per Audited Financial Stater Complete if the organization answered "Yes" to Form 990,			•
• 1	Total revenue, gains, and other support per audited financial statements		1	95,144,728
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		70, F.,	33,144,720
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)		# (# )	
е	Add lines 2a through 2d		2e	ď
3	Subtract line 2e from line 1		3	95,144,728
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	(
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12) .	5	95,144,728
Part	XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per Retui	m.
	Complete if the organization answered "Yes" to Form 990,		12a.	
1	Total expenses and losses per audited financial statements		1	113,686,794
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		and the second	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c	277	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	(
3	Subtract line 2e from line 1		3	113,686,794
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		3	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	- Si-	
С	Add lines <b>4a</b> and <b>4b</b>		4c	(
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18.) .	5	113,686,794
Provid 2; Par	XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a at XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pactorized ASC 740-10 Financial Accounting Standards Board (FASB) Interpretation	rt to provide a	ny additional information	on.
(FIN 48	3) on January 1, 2009. Under ASC 740-10, an organization must recognize the purposes when it is more likely than not that the position will be sustained.	e tax benefit as	sociated with tax position	ons taken for tax
	al statements. MPA does not believe there are any material uncertain tax po egnized tax benefits. MPA has filed Internal Revenue Service Form 990 tax re			
	subject to U.S. federal, state and local, or non-U.S. income tax examinations			
	en to examinations by tax authorities from fiscal year 2011 forward. For the			
penalt	es recorded in the Statement of Activities.			
	·			

	orm 990) 2014	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
•		
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	***************************************	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047 2014

Open to Publical Inspection

**Employer identification number** 

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Schedule | (Form 990) (2014) **%**□ (h) Purpose of grant or assistance Oil Spill Response 0 √ Yes 86-0662511 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 112,818,494 grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)(4) 62-1437621 (e) 1 (a) Name and address of organization 220 Spring St., Herndon, VA 20170 (1) Marine Spill Response Corp. Marine Preservation Association or government Part Part II ন 9 ම € <u>2</u> ල 3 E ₹ **©** 

Schedule I (F	Schedule I (Form 990) (2014)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	<b>nestic Individual</b> space is needed.	<b>is.</b> Complete if the	organization answe	ared "Yes" to Form 990,	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
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4						
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7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	he information re	quired in Part I, lin	e 2, Part III, column	(b), and any other additi	onal information.
The Corpor	The Corporation has defined the procedures for monitoring the		unds to entities in the	United States by requi	use of grant funds to entities in the United States by requiring the execution of a grant agreement	agreement
that stipula	that stipulates such procedures. These include the requirement that grantee organizations provide the Corporation with requests for funds covering a specific	ement that grantee	organizations provide	the Corporation with r	equests for funds covering a	specific
period, tog	period, together with sufficient detailed information as to the costs and purposes of the items of expenses for which such funds are requested, in accordance with a	the costs and purpo	ses of the items of ex	penses for which such	funds are requested, in acco	rdance with a
mutually ac	mutually agreeable time schedule which will provide the Corporation sufficient opportunity to carefully review such requests and secure any funds the Corporation	Corporation sufficien	nt opportunity to care	ully review such reque	sts and secure any funds the	Corporation
determines	determines to provide to grantee organizations. In connection		ssion of each grant re	equest, grantee organiz	with the submission of each grant request, grantee organizations also submit documentation as to how	tation as to how
the previou	the previous grant funds have been expended, the amount of unexpected funds the grantee organization then has on hand and an affirmative statement to the effect	t of unexpected func	ds the grantee organi	zation then has on hand	d and an affirmative stateme	rt to the effect
that the pre	that the previous period's grant funds have been expended for	d for the items for w	hich such funds were	requested to the exter	the items for which such funds were requested to the extent funded by the Corporation. The	The
Corporation	Corporation may request grantee organizations to provide an independent, third-party audit of specified past expenditures of funds granted by the Corporation.	an independent, thi	ird-party audit of spe	cified past expenditure	s of funds granted by the Co	poration.
The comple	The complete name and mailing address of the organization listed in Part II is Marine Spill Response Corporation, 220 Spring Street, Suite 500, Herndon, VA 20170.	on listed in Part II is	Marine Spill Respons	e Corporation, 220 Spr	ing Street, Suite 500, Herndo	n, VA 20170.
The purpos	The purpose of providing grant funding to this organization is to maintain and increase existing capabilities for mitigating the environmental damage caused by oil	on is to maintain and	l increase existing ca	pabilities for mitigating	the environmental damage o	aused by oil
spills withi	spills within specified geographic areas determined by the Board of Directors of the Corporation.	e Board of Directors	of the Corporation.			

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

## **Compensation Information**

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

OMB No 1545-0047 2014

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Marine Preservation Association 86-0662511 Part I **Questions Regarding Compensation** Yes No 1a 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 ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ 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 or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 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 . 2 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. Compensation committee ✓ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 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. 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: 5a Any related organization? . . . . 5b If "Yes" to line 5a or 5b, describe in Part III. 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. 6a Any related organization? . . . . . 6b . . . . . . . . . . . . . . . . If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

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 VIII. Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		c (c)	monaria in original (a) and (a) and a compand in contract of the contract of t		,		(-) (-)	
		(b) Breakdown (	(b) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)+(D)	in column (B) reported as deferred in prior Form 990
	(0)	208.719	70.300	17.676	41.294	26.263	364 252	
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6	(ii)							
	(1)							
10	(ii)							
	(1)							
11	(ii)							
	(i)							
12	( <u>ii</u> )							
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13	( <u>ii</u> )							
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	<b>E</b>							
16	E							

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 2014

86-0662511

Open to Public

Department of the Treasury

**Marine Preservation Association** 

► 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. Internal Revenue Service Inspection Name of the organization Employer identification number

Reference core Form 990, Part VI, Section A, Line 6: The organization is organized as a non-profit corporation with
members. Members of the organization elect the members of the organization's governing body, but do not approve
significant decisions of the governing body, nor may receive a share of the organization's profits or excess dues or a
share of the organization's net assets upon the dissolution of the organization.
Reference core Form 990, Part VI, Section A, Line 7a: The organization has two classes of members, "voting" and "non-
voting." The voting members are entitled to vote for the election of the organization's governing body while the non-
voting members do not have these voting rights.
Reference core Form 990, Part VI, Section B, Line 11b: The organization's governing body and/or committees with the
authority to act on behalf of the governing body have reviewed and approved the information and data contained within the Form 990,
including Parts I through III and VII through XII before filing. The Form 990 is prepared by MPA and reviewed by the President before filing.
Reference core Form 990, Part VI, Section B, Line 12c: On an annual basis, the organization distributes and requires
certification as to adherence to its conflict of interest policy. All directors, officers and employees are subject to the
conditions of the policy and the annual certification requirement. Management monitors transactions on an ongoing
basis for evidence of conflicts, and the organization is subject to annual audit of its financial statements on a separate
basis by an independent auditing firm, the performance of which may also lead to the identification of conflicts of interest.
Individuals suspecting violation of this policy are directed to report violations to the Chairperson of the organization's
Audit & Governance Committee. Should the suspected activity involve the committee chair, individuals are directed to
report such violations to the Chairperson of the organization's Board of Directors. Upon confirmation of the existence of
a conflict, the committee and then full Board reviews the transaction(s) in question in order to deliberate and determine
the proper course of action. During such deliberations, the person(s) involved in the transaction(s) or conflict(s) do not
participate in these final discussions and decision.
······

Schedule O (Form 990 or 990-EZ) (2014)	Page <b>2</b>
Name of the organization	Employer identification number
Marine Preservation Association	86-0662511
Reference core Form 990, Part VI, Section B, Lines 15a & 15b: Compensation for the President/CEO of the	organization
is reviewed and approved by the organization's Compensation Committee, comprised solely of independent	ent
directors of the organization's governing body. The process for determining the level of compensation in	cludes review
of similarly qualified individuals in functionally comparable positions of similarly situated organizations, in	ncluding, but not
limited to, comparability and reliance upon a compensation study performed by an independent consulting	g firm to
establish the compensation of the immediately preceding President/CEO of the organization. The results	
deliberations and decisions by the organization's Compensation Committee for such compensation arrangements are also compensation arrangements.	
are documented and ultimately reflected in a written employment agreement. The above process was last	<u>.</u>
completed for the current tax year. There were no other compensated officers or key employees of the or	ganization.
Reference core Form 990, Part VI, Section C, Line 19: The organization makes these documents available	to the public
upon request as required by law.	
	<u></u>

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

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.

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OMB No 1545-0047

Inspection Employer identification number

(f)
Direct controlling
entity (g) Section 512(b)(13) controlled entity? Identification of Related Tax-Exempt Organizations Complete if 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. Yes 86-0662511 (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)(4) (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) Tennessee (b) Primary activity (b) Primary activity Oil Spill Response (1) Marine Soill Response Corporation. 220 Soring Street. Suite 500. (a) Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization Herndon, Virginia 20170, 62-1437621 Marine Preservation Association Name of the organization Part Part II <u></u> 8 <u>(2</u>) Ξ ପ € 9 <u>N</u> ₹ 3 9 E

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Schedule R (Form 990) 2014

Cat No 50135Y

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

(l) Section 512(b)(13) controlled entity? (k)
Percentage
ownership Schedule R (Form 990) 2014 ž Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 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. (i) General or managing partner? ŝ (h) Percentage ownership Yes Code V – UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total income Yes (g) Share of end-of- Dyear assets (B)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV 8 E 2 9 ε ල ව 4 9 € 9 9 Ξ Ξ

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

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes	운
	one or more related orga	nizations listed in Part	ts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	>
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b <	
c Gift, grant, or capital contribution from related organization(s)				10	>
<b>d</b> Loans or loan guarantees to or for related organization(s)	•			1d	>
				Ç	<u> </u>
e Loans of loan guarantees by related organization(s)	·			9	>
f Dividends from related organization(s)				<b>#</b>	>
				5	\
B Durcheso of escate from related organization(s)				D <del>+</del>	• >
					• `
Exchange of assets with related organization(s)				= ;	>
Lease of facilities, equipment, or otner assets to related organization(s)				F	>
k Lease of facilities, equipment, or other assets from related organization(s)				¥	>
I Performance of services or membership or fundraising solicitations for related organization(s)	(s)u			11	>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	(s)u			1m	>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				1n	>
Charing of and amplaces with related organization(s)				-	>
	· · · · · · ·			2	-
<b>p</b> Reimbursement baid to related organization(s) for expenses				<del>1</del>	>
				10	>
r Other transfer of cash or property to related organization(s)				11	>
s Other transfer of cash or property from related organization(s)	•			18	>
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.	st complete this line, incl	uding covered relation	ships and transactive	on thresholds	νi
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	g amount involve	pa
(1) Marine Soill Response Corporation	q	\$112,818,494	\$112.818.494 Net Cash Grants		
(2)		_ ,,			
(3)					
(4)	,				
(5)					
(9)					
			Schodula	Schedule B (Form 990) 2014	2

# Part VI Unrelated Or

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

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.

	3			3	9	504115	3		:	
(a) Name, address, and EIN of entity	ctivity	Legal domicile	Predominant	(e) Are all partners	Share of	(9) Share of	(n) Disproportionate	Code V – UBI	General or	(k) Percentage
		(state or toreign country)	income (related, unrelated, excluded	section 501(c)(3)			allocations?	amount in box 20 of Schedule K-1	managing partner?	ownership
			from tax under	organizations?				(Form 1065)		
			360110113 315-314)	Yes No			Yes No		Yes No	
(1)										
(2)										
(6)										
(4)							_			
(5)										
(9)	-,-									
(2)										
(8)										
(6)										
(10)										
(11)										
(12)							-			
(13)										
(14)										
(15)										
(16)										
								Sched	Schedule R (Form 990) 2014	1 990) 2014

Schedule R (I	Form 990) 2014 P	age \$
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
The Marine	Spill Response Corporation ("MSRC") has been reported as an organization related to the filing organization Marine	
Preservation	on Association ("MPA") based upon the definition of control as provided within the instructions for Schedule R,	
Related Or	ganizations and Unrelated Partnerships. Under this definition, MPA is deemed to 'control', and hence deemed	<b></b>
to be the 'p	parent' of MSRC. MSRC is fully responsible for directing its own operational activities and functions independently	
of MPA. H	owever, under their respective corporate organizational documents, MPA has the authority to elect and/or	
remove a n	najority of MSRC's directors. Under MPA's organizational documents, this authority is delegated to a special committee	
comprised	of a designated subset of MPA directors who also meet certain citizenship eligibility criteria, as required by the	<b>-</b>
United Stat	tes Shipping Act of 1916, as amended.	
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