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DLN: 93493056001236

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 cal		ning 07-01-2014 $$, and ending 06	6-30-2015				
B Ch	eck ıf	applicable	C Name of organization NATIONAL MARINE SANCTUARY	FOUNDATION			D Employ	yer iden	tification number
☐ Add	dress o	change		••			94-33	70994	
Гиа	me ch	ange	Doing business as						
┌ Ind	ial ret	turn					E Talanha	na numb	
Fin			Number and street (or P O box 8601 GEORGIA AVENUE NO 501	ıf maıl ıs not delivered to street address)	Room/suite	e	E Telepho		
_		rmınated	8001 GLORGIA AVENOL NO 301				(301)	608-3	040
l Am	ended	d return	City or town, state or province, SILVER SPRING, MD 20910	country, and ZIP or foreign postal code			C Cross re	acounts ¢	15 000 704
M Ap	olicatio	on pending	SIEVER SPRING, TID 20310				G Gloss le	eceipis \$	15,988,784
			F Name and address of	prıncıpal officer		H(a) Is th	s a group	return	
			JASON PATLIS 8601 GEORGIA AVENU	E NO 501		subo	rdinates?		┌ Yes 🗸 No
			SILVER SPRING, MD 20			H(b) Are a	all subordu	nates	┌ Yes ┌ No
			<u> </u>			ınclu	ded?		
I Ta	x-exe	mpt status	✓ 501(c)(3)	◀ (insert no)	527	If "N	o," attach	alıst ((see instructions)
J W	ebsit	te:► WV	VW NMSFOCEAN ORG			H(c) Grou	up exempti	ion num	nber 🟲
K For	n of o	organization	Corporation Trust Assoc	iation Other 🕨		L Year of fo	mation 20	00 M	State of legal domicile MI
Pa	rt I	Sum	nmary						
	1			ssion or most significant activitie	s				
		SEE PA	RT III, LINE 1						
<u>ഉ</u>									
Ē									
Governance	2	Check t	his box দ if the organization	n discontinued its operations or di	isposed of	more than 2	25% of its	net ass	sets
	2	Number	of voting members of the gov	erning body (Part VI, line 1a) .				з	11
Activities &	I			ers of the governing body (Part VI				4	11
¥	I			ın calendar year 2014 (Part V, lı			• •	5	27
€	I			if necessary)				6	11
₫	I			m Part VIII, column (C), line 12				7a	0
				ne from Form 990-T, line 34				7b	0
	 	<u> </u>		,		1	or Year	 	Current Year
	8	Contr	ibutions and grants (Part VII)	I, line 1h)			7,435,8	888	10,725,102
를	9			I, line 2g)			40,1	_	0
Rayenue	10	Inves	tment income (Part VIII, coli	umn (A), lines 3, 4, and 7d) .			590,9	50	768,656
芒	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	11e)		75,4	12	93,706
	12		<u> </u>	11 (must equal Part VIII, column			0.142.4	130	11 507 464
	40						8,142,4		11,587,464
	13			art IX, column (A), lines 1-3)			1,469,6	0	1,542,388
	14			ort IX, column (A), line 4)					0
82	15	5-10		loyee benefits (Part IX, column (A	(), lines		1,337,2	275	1,915,185
136	16a		•	IX, column (A), line 11e)				0	0
Expenses	Ь	Total fu	undraising expenses (Part IX, columi	n (D), line 25) ▶ 52,980					
ш	17	Other	evnenses (Part IV column (A), lines 11a-11d, 11f-24e) .			4,904,4	L1 1	7,566,570
	18			must equal Part IX, column (A), li			7,711,3		11,024,143
	19		•	ine 18 from line 12			431,0		563,321
<u>መ</u>		<u> </u>				 	g of Curre		End of Year
Net Assets or Fund Balances						<u> </u>	/ear		
3 B	20		assets (Part X, line 16) .				8,447,8	_	8,541,653
38	21						373,7	-	537,456
	22	_		act line 21 from line 20			8,074,0	79	8,004,197
	rt II		nature Block						
my k	nowle	edge and		examined this return, including a complete Declaration of preparer					
		****	***			1	016-02-25		
Sigr	1	I B	ature of officer				ate		
Her			ON PATLIS PRESIDENT & CEO						
		Туре	e or print name and title						
			Print/Type preparer's name AMY BOLAND CPA	Preparer's signature AMY BOLAND CPA	Da	1 011	eck l if	PTIN P01329	488
Paid	d	⊢	Firm's name F GELMAN ROSENBE				f-employed n's EIN 🕨 52		
Pre	par	er							
Use	Or	nly 📙	Firm's address 🟲 4550 MONTGOMER	Y AVE SUITE 650N		Pho	one no (301)	951-90	90
			BETHESDA, MD 20	08142930					

Form	990 (2014))							Page 2
Par						s Part III .			
1				·					·
	Check if Schedule O contains a response or note to any line in this Part III								
2				uficant program se	ervices during th	ne year which	were not listed on	г	Yes 🔽 No
	If "Yes," de	scribe these	new services o	n Schedule O					
3	services?				nt changes ın ho	wit conducts	, any program	г	Yes 🔽 No
	If "Yes," de	scribe these	changes on Sc	hedule O					
4	expenses S	Section 501	(c)(3) and 501(c)(4) organizations	s are required to	report the ar			
4a	(Code) (Expenses \$	7,341,025	ıncludıng grants o	of \$	572,674) (Revenue :	\$)
	VISITOR CEN DEVELOPING	NTERS WITH ST NATIONAL AND	ATE OF THE ART EX REGIONAL EDUCA	HIBITS, CONNECTING	THE NETWORK OF	VISITORS TO A	QUARIA AND VISITORS	CENTERS VIA TE	CHNOLOGY,
4b	(Code) (Expenses \$	1,327,939	ıncludıng grants o	of \$	560,686) (Revenue :	<u> </u>	21,458)
	SANCTUARY	SITE SUPPORT	DIRECT SUPPORT	FOR NATIONAL MARIN	NE SANCTUARIES AI	ND THEIR EDUC	ATIONAL, SCIENTIFIC A	ND OUTREACH E	FORTS
4c	(Code) (Expenses \$	877,392	ıncludıng grants c	of \$	165,636) (Revenue :	\$)
	RANGING IN - DESIGNED	SCOPE FROM I	NATIONAL, INTERNA WARENESS AND U	TIONAL, REGIONAL, T	O SITE-SPECIFIC, A ARINE SPECIES AND	AND RANGING IN HABITATS, INC	PARTNERS ACROSS PU LUDING SANCTUARY ST	IBLIC AND PRIVA	TE ORGANIZATIONS
	See Addıtı	ional Data							
4d	Other prog	gram service	s (Describe in S	Schedule O)					
	(Expenses	\$ \$	342,061	including grants o	of \$	243,392)(Revenue \$	12,66	1)

9,888,417

Total program service expenses ►

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A^{\bullet \bullet}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II" Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		<u> </u>
	complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\bullet}	9		No
LO	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^{\square}	10	Yes	
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		Yes	
15	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	15	Yes	
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		No
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)			No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2014)

Pal	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	. l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 98			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
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	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
Ь	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		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
C	The fest to line 5a of 5b, did the organization line Form 8886-17	5c		
6а	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	4		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
9a	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		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans	-		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	j	No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O	contains a respor	ise or note to an	v line in this P	art V I		_					

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax vear			
	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
5	filed?	5		No
5		-		
-	Did the organization have members or stockholders?	6		No
	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?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No ———
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
	· · · · · · · · · · · · · · · · · · ·		Yes	No
		_		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes Yes	No

8601 GEORGIA AVE SUITE 501 SILVER SPRING, MD 20910 (301) 608-3040

►KATHERINE ANDERSON

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec k, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) BOB TALBOT	1 00			ļ				0	0	0
CHAIR		X		×				U	0	0
(2) DAWN MARTIN TREASURER	1 00	х		х				0	0	0
(3) FRED KEELEY	0 50									
TRUSTEE		х						0	0	0
(4) RICHARD BEN-VENISTE TRUSTEE	0 50	х						0	0	0
(5) STEPHEN COAN	0 50	х						0	0	0
TRUSTEE (6) JAMES L CONNAUGHTON	0 50									
TRUSTEE		Х						0	0	0
(7) ANDY KARSNER TRUSTEE	0 50	х						0	0	0
(8) ROBERT TRAINOR TRUSTEE	0 50	х						0	0	0
(9) JAMES CROWLEY	0 50	х						0	0	0
TRUSTEE (10) DON BAUR	0 50	х						0	0	0
TRUSTEE										
(11) STEVEN GAINES	0 50	х						0	0	0
TRUSTEE (12) JASON PATLIS PRESIDENT & CEO	40 00			х				155,688	0	22,913
(13) ALLISON ALEXANDER	40 00									
VICE PRESIDENT				Х				79,630	0	21,887

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han d n is l	ne l both	box, an d	officer	į	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•		
c	Total from continuation sheets to Part VII, Section A	-		
d	Total (add lines 1b and 1c)	235,318	0	44,800

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
RESEARCH CORP 2525 CORREA RD HIG 208 HONOLULU, HI 96822	EMPLOYEE CONTRACTOR	2,303,596
EASTERN RESEARCH GROUP 2300 WILSON BLVD 350 ARLINGTON, VA 22201	MEDIA SUPPORT	362,182
OCEAN ASSOCIATES INC 4007 NORTH ABINGDON STREET ARLINGTON, VA 22207	EMPLOYEE CONTRACTOR	168,495
OBERLAND INC 27 WEST 24 STREET SUITE 802 NEW YORK, NY 10010	MARKETING CONSULTING	144,400
ITC CONFERENCE SERVICES 1300 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	CONFERENCE LOGISTICS	143,410
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization ►6) who received more than	

Part V		Statement o Check if Schedu	
		Check if Schedo	die O Contains
	1a	Federated camp	paigns
nts ints	ь	Membership du	
Gra nou	c	Fundraising eve	
TĀ.	d		
Contributions, Gifts, Grant and Other Similar Amoun		Related organiz	
Sin.	e	_	
uţi.	f	All other contribution similar amounts no	
흡동	g	Noncash contribution 1a-1f \$	ons included in line
Con	h	Total. Add lines	s 1a-1f
Yen	2a		
<u>æ</u>	b		
ÄÇ.	d		
38	e		
Program Serwoe Reveni	f	All other progra	ım service reve
<u>₹</u>	g	Total. Add lines	s 2a – 2f
	3	Investment inc	-
	4	and other similar Income from inves	•
	5	Royalties	
			(ı) Real
	6a	Gross rents	
	Ь	Less rental expenses	
	C	Rental income or (loss)	
	d	Net rental incor	me or (loss) . (ı) Securitie
	7a	Gross amount	
		from sales of assets other than inventory	5,11
	ь	Less cost or other basis and	4,39
		sales expenses Gain or (loss)	71
	c d	Net gain or (los	
	8a	Gross income f	•
ıne		events (not inc	luding
Other Revenue		of contributions See Part IV, lin	
÷ Œ		Jee raiciv, iiii	
ţ.	ь	Less direct ex	
0	C Qa	Net income or (-
	9a	Gross income for See Part IV, lin	
	ь	Less direct ex	nenses
	c	Net income or (•
	10a	Gross sales of returns and allo	
	ь		
	C	Less cost of go Net income or (
		Miscellaneous	-
	11a	MISCELLANEC	US
	Ь	REFUNDS FRO	
	C	ADMINISTRAT	
	d e	All other revenu	
	12	Total revenue.	
			occ manuchol

VIII	Statement o						Page 9
	Check If Sched	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a b	Federated cam Membership du	paigns 1a	18,236				
С	Fundraising eve	ents 1 c					
d	Related organiz	zations 1d					
e	Government grant	s (contributions) 1e	8,801,263				
f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	1,905,603				
g	Noncash contributi 1a-1f \$	ons included in lines		į	į		
h	Total. Add lines	s 1 a - 1 f	🔎	10,725,102			
			Business Code				
2a							
b c							
d							
e							
f	All other progra	am service revenue					
g		s 2a-2f					
4	and other simil	ome (including dividen ar amounts) stment of tax-exempt bond	•	48,832			48,832
5	Royalties						
6a	Gross rents	(ı) Real	(II) Personal				
Ь	Less rental expenses						
С	Rental income or (loss)						
d		me or (loss)					
7a	Gross amount	(ı) Securities	(II) Other				
	from sales of assets other than inventory Less cost or	5,113,607					
b	other basis and sales expenses	4,393,783					
С	Gain or (loss)	719,824					
d 8a	Net gain or (los	ss) Trom fundraising		719,824			719,824
	events (not inc \$						
	See Part IV, lir	ne 18 a					
b c		penses b (loss) from fundraising	events 🛌				
9a		rom gaming activities ne 19	·				
b	Less direct ex	penses b (loss) from gaming acti	vities				
10a	Gross sales of returns and allo		41,656				
Ь	Less cost of g	oods sold b	7,537				
С		(loss) from sales of inv		34,119	34,119		
11a	Miscellaneous MISCELLANEO		Business Code 900099	35,630			35,630
ь	REFUNDS FRO		900099	15,362			15,362
С	ADMINISTRAT	TIVE FEES	900099	8,595			8,595
d	All other reven						
12	Total. Add lines		▶	59,587			
12	iotai revenue.	See Instructions .	· · · · •	11,587,464	34,119	(828,243 Form 990 (2014)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) 굣 Check if Schedule O contains a response or note to any line in this Part IX . (B) (D) Do not include amounts reported on lines 6b. (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 1,348,061 1,348,061 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 194,327 194,327 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 297,227 191,821 98,600 6,806 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 1,240,869 952,262 262,167 26,440 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 221,424 183,569 31,477 6,378 155,665 122,251 30,538 2,876 10 Fees for services (non-employees) 11 Management Legal 15,449 2,752 12,697 39,640 39,640 Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees . . Other (If line 11g amount exceeds 10% of line 25, column (A) 7,951 1,121,282 1,113,331 amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 21,889 16,991 1,358 3,540 13 Office expenses 290,018 239,460 50,443 115 933,184 757,801 171,388 3,995 14 Information technology . . . 15 Royalties . . 16 317,223 203,820 113,403 501,268 458,569 40,153 17 2,546 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 1,220,585 1,197,252 23,333 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 109,392 107,651 1,741 12,461 12,456 Other expenses Itemize expenses not covered above (List 24 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 RCUH EXPENSE 2,300,977 2,300,977 **VESSEL OPERATIONS** 347,668 347,650 18 c EQUIPMENT RENTAL/MAINT 6,591 124,274 117,664 19 d DUES & SUBSCRIPTIONS 68,817 54,707 13,860 250 e All other expenses 142,443 -22,504 164,932 15 Total functional expenses. Add lines 1 through 24e 25 11,024,143 9,888,417 1,082,746 52,980 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)

Part X Balance Sheet

	L X	Check if Schedule O contains a response or note to any line in th	ıs Part >	(.			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,660,258	1	1,706,456
	2	Savings and temporary cash investments			91,959	2	72,991
	3	Pledges and grants receivable, net			537,919	3	868,983
	4	Accounts receivable, net			119,455	4	88,184
	5	Loans and other receivables from current and former officers, diremployees, and highest compensated employees Complete Par Schedule L	t II of			5	
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ntrıbutı	ng employers		6	
Š	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			103,590		324
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	• 361,022	100,000		
	Ь	Less accumulated depreciation	10b	252,416	217,998	10c	108,606
	11	Investments—publicly traded securities			5,710,023	11	5,689,444
	12	Investments—other securities See Part IV, line 11				12	<u> </u>
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		_	6.665	15	6,665
	16	Total assets. Add lines 1 through 15 (must equal line 34)			8,447,867	16	8,541,653
	17	Accounts payable and accrued expenses			279,235	17	516,127
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
_	21	Escrow or custodial account liability Complete Part IV of Scheo				21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualific	s, truste				
Liabiliti		persons Complete Part II of Schedule L				22	
ï	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 relate and other liabilities not included on lines 17-24) Complete Part					
		D			94,553	25	21,329
	26	Total liabilities. Add lines 17 through 25			373,788	26	537,456
S O O		Organizations that follow SFAS 117 (ASC 958), check here ► □ lines 27 through 29, and lines 33 and 34.	and co	mplete			
<u>a</u>	27	Unrestricted net assets		•	5,830,713	27	5,856,140
Ba	28	Temporarily restricted net assets		•	2,243,366	28	2,148,057
돧	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.	re ► 厂	and			
Š.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
AS	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			8,074,079	33	8,004,197
_	34	Total liabilities and net assets/fund balances			8,447,867	34	8,541,653

Pai	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	Ī			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,5	587,464
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,0	24,143
3	Revenue less expenses Subtract line 2 from line 1	3		5	563,321
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			74,079
5	Net unrealized gains (losses) on investments	5			33,203
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		8,0	04,197
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 94-3370994

Name: NATIONAL MARINE SANCTUARY FOUNDATION

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	342,061	including grants of \$	243,392) (Revenue \$	12,661)
OTHER PROGRAMS					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493056001236

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

NATION	IAL MA	RINE SANCTUARY FOUNDAT	ION					
Day	tΙ	Dancon for Dubli	a Chaultu C	See / All ousson-s		manlaka khis m	94-3370994	
		zation is not a private for		Status (All organiza			•	ons.
	ryaiii.	·		·	= -	•	•	
1	<u> </u>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)						
2	<u> </u>							
3	<u>_</u>	A hospital or a cooper		_				
4	1	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						
_	_	hospital's name, city,		6. h . 6				
5	ı	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)						escribed in
•	_			•	dooowlaad	ation 170(b)(1	1)(A)()	
6	 -	A federal, state, or loc An organization that n						ranawal muhlia
7	۱۳	described in section 1	•	·	• • •	om a governme	ental unit of from the g	jeneral public
8	\sqcap	A community trust de				tII)		
9	\sqcap	An organization that n	ormally receiv	es (1) more than 331	1/3% of its supp	ort from contri	butions, membership	fees, and gross
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) from	n businesses
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)	
10	\sqcap	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ty See sectio i	n 509(a)(4).	
11	\sqcap	An organization organ	ized and opera	ated exclusively for the	e benefit of, to p	erform the fun	ctions of, or to carry o	ut the purposes of
		one or more publicly s						
_	_	the box in lines 11a th	_			_		· -
а	1	Type I. A supporting of supported organization						
		organization You mus				cy of the direct	ors or crustees or the	supporting
b	Γ	Type II. A supporting	organization s	upervised or controlle	d in connection			
		management of the su			same persons t	hat control or r	nanage the supported	$organization(s) \ \textbf{You}$
_	_	must complete Part I	•					
С	ı	Type III functionally is supported organization	_		•			grated with, its
d	Γ	Type III non-function						janization(s) that is
	•	not functionally integr						
	_	(see instructions) Yo						
е	ı	Check this box if the contegrated, or Type II.					s a Type I, Type II, T	ype III functionally
f		Enter the number of si						
g		Provide the following i						
9				- m mpp 9 -				
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the ord	janization	(v) A mount of	(vi) A mount of
		organization		organization	listed in your	governing	monetary support	other support (see
				(described on lines	docume	nt?	(see instructions)	ınstructions)
				1-9 above or IRC				
				section (see instructions))				
					Yes	No		
Total								

Schedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ection A. Public Support	tion rano to qui	amy and the		my produce com	p. 10 to 1 d. 1 1111/	
	endar year (or fiscal year beginning						
Cuit	in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not	7,687,366	6,714,102	7 225 454	7 425 999	10,725,102	20 997 012
	ınclude any "unusual	7,007,300	6,714,102	7,325,454	7,435,888	10,723,102	39,887,912
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge	7,687,366	6,714,102	7,325,454	7,435,888	10,725,102	39,887,912
4	Total. Add lines 1 through 3	7,007,300	0,714,102	7,323,434	7,433,666	10,723,102	39,007,912
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						39,887,912
	from line 4						39,887,912
S	ection B. Total Support						
Cale	endar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	beginning in) 🟲		(b) 2011			(e) 2014	(I) Total
7	A mounts from line 4	7,687,366	6,714,102	7,325,454	7,435,888	10,725,102	39,887,912
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	166,343	148,411	187,309	181,191	48,832	732,086
	and income from similar						
_	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly						
	carried on						
10	Other income Do not include						
10	gain or loss from the sale of	530	4 224	17.500	16.125	50 507	00.434
	capital assets (Explain in Part	520	4,321	17,568	16,125	59,587	98,121
	VI)						
11	Total support Add lines 7						40,718,119
	through 10						10,710,115
12	Gross receipts from related activiti	es, etc (see insti	ructions)			12	229,495
13	First five years. If the Form 990 is	for the organizati	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3	3)
	organization, check this box and st e						<u>▶</u> 厂
S	ection C. Computation of Pub	olic Support P	ercentage				
14	Public support percentage for 2014	(lıne 6, column ((f) divided by line	11, column (f))		14	97 960 %
15	Public support percentage for 2013	Schedule A, Par	t II, line 14			15	97 550 %
16a	33 1/3% support test-2014. If the	organization did	not check the box	on line 13, and l	ine 14 is 33 1/3%	or more, check t	this box
	and stop here. The organization qua					,	▶ ✓
b	33 1/3% support test-2013. If the	organization did	not check a box o	n line 13 or 16a,	and line 15 is 33	1/3% or more, cl	heck this
	box and stop here. The organization	n qualifies as a pu	iblicly supported o	organization			► □
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	ts the "facts-and	l-cırcumstances"	test The organiz	ation qualifies as	a publicly suppo	
	organization	2042 7611			40.45.45	4	► □
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ						l. ,
	Explain in Part VI how the organiza supported organization	cion meets the "fa	acts-and-circums	tances test The	e organization qua	illies as a publici	ly ▶□
18	Private foundation. If the organization	ion did not chack	a hox on line 12	16a 16b 17a o	r 17h chack this	hoy and see	F1
1 10	instructions	aon ala not check	. a box on nine 13,	100, 100, 170, C	, I / D, CHECK UIIS	, DON GIIG SEE	▶ □
	mod decions						F 1

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2013 Schedule A, Part III, line 17

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493056001236

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NATIONAL MARINE SANCTUARY FOUNDATION Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2014

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2014					Page 2
P	cart II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and fi	led Form 5768	
	Check ► If the filing organization belongs to a		list in Part IV ea	ich affiliated gr	oup member's nam	e, address, EIN,
В	expenses, and share of excess lobb		ol" provisions apr	olv		
	Limits on Lobbying E (The term "expenditures" means an	Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	obying)			
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er -0-				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 rep	oorting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not uctions for li	have to co nes 2a thro	ugh 2f.)	he five
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

_	rt II-B		rganization is exempt under section 501(c)(3) and has lelection under section 501(h)).	NOT			raye <u>a</u>
			` ' '	(;	a)	(b)
	activity.		gh 11 below, provide in Part IV a detailed description of the lobbying	Yes	No	Amo	unt
1		including any attempt	anization attempt to influence foreign, national, state or local t to influence public opinion on a legislative matter or referendum,				
а	Volunteers	?			No		
b c		r management (includ ertisements?	e compensation in expenses reported on lines 1c through 1i)?	Yes	No		
d	Mailings to	members, legislators	, or the public?		No		
e	Publication	s, or published or broa	adcast statements?		No		
f	Grants to o	ther organizations for	lobbying purposes?		No		
g	Direct cont	act with legislators, th	neir staffs, government officials, or a legislative body?	Yes			1,314
h	Rallies, der	nonstrations, seminar	s, conventions, speeches, lectures, or any similar means?		No		
i	Otheractiv	rities?			No		
j	Total Add	lines 1c through 1i					1,314
2a			the organization to be not described in section 501(c)(3)?		No		
b			tax incurred under section 4912				
C			tax incurred by organization managers under section 4912				
d			a section 4912 tax, did it file Form 4720 for this year?				
Par		Complete if the or 501(c)(6).	ganization is exempt under section 501(c)(4), section	501(c)(5), c	r secti	ion
		01(0)(0).				Ye	s No
1	Were subst	antıally all (90% or m	ore) dues received nondeductible by members?		Г	1	1
2			n-house lobbying expenditures of \$2,000 or less?			2	+
3			ry over lobbying and political expenditures from the prior year?			3	
Par			ganization is exempt under section 501(c)(4), section				
		ine 3, is answere	ither (a) BOTH Part III-A, lines 1 and 2, are answered " d "Yes "	NO C	JK (D)	Part II	ш-A,
1			amounts from members	1			
2	Section 16		obying and political expenditures (do not include amounts of political				
а	Current yea	ar		2a			
b	Carryover f	rom last year		2b			
C	Total			2c			
3	Aggregate	amount reported in se	ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4			unt on line 2c exceeds the amount on line 3, what portion of the excess arryover to the reasonable estimate of nondeductible lobbying and				
		penditure next year?	my over to the reasonable estimate or nondeductible lobbying and	4			
5			political expenditures (see instructions)	5			
Pa	art IV S	Supplemental Info	ormation				
			Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groue 1 Also, complete this part for any additional information	up list),	, Part II	-A , lines	1 and
	Returr	n Reference	Explanation				
PAR	T II-B, LINE	1	ADVOCATING FOR POLICIES AND APPROPRIATIONS RELATING T SANCTUARY SYSTEM	ГО ТНЕ	NATIO	NALMA	RINE

Part IV Supplemental Inf	ormation (continued)
Return Reference	Explanation
·	_

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493056001236

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** NATIONAL MARINE SANCTUARY FOUNDATION 94-3370994 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 Aggregate value of contributions to (during year) 3 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 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) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure 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 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) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 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) and section 170(h)(4)(B)(ii)? 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. 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

(ii) Assets included in Form 990, Part X

(i) Revenue included in Form 990, Part VIII, line 1

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

Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2014

Part	•••• Organizations Maintaining Co	llections of Art	<u>:, His</u>	torica	Treasu	res, or O	<u>ther</u>	Similar As	sets (d	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	neck any	of the foll	owing that a	ire a s	significant use	e of its	
а	Public exhibition		d	┌ Lo	an or excl	hange progr	ams			
b	Scholarly research		e	Г о	ther					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ıın hov	w they fu	rther the c	rganızatıon	's exe	mpt purpose	ın	
5	During the year, did the organization solicit								_	_
Do	assets to be sold to raise funds rather than t								Yes	│ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					i answere	u re	S to Form :	990,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					or other ass	ets no		┌ Yes	
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wıng tabl	e					
								Ar	nount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21,	for escr	ow or custo	odial accou	nt lıab	oility?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatıon l	nas been p	rovided in F	art X	III		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year	(b)	Prior year				ree years back	(e)Four	years back
1a	Beginning of year balance	5,801,982		5,474,		4,461,187	<u> </u>	5,433,500		5,002,979
Ь	Contributions			81,	088	603,281		1,000		
С	Net investment earnings, gains, and losses	134,744		781,	300	655,087		-35,479		694,744
d	Grants or scholarships	100,000		100,	000	120,000		100,000		101,939
е	Other expenditures for facilities and programs	75,000		375,				3,850		100,020
f	Administrative expenses				992	124,969		833,984		62,264
g	End of year balance	5,761,725		5,801,	982	5,474,586		4,461,187		5,433,500
2	Provide the estimated percentage of the cur		ce (lır	ne 1g, co	lumn (a)) l	neld as				
а	Board designated or quasi-endowment 🕨	100 000 %								
b	Permanent endowment ►									
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon	that are	held and a	dministere	d for ti	he		
	organization by							_	Yes	+
	(i) unrelated organizations (ii) related organizations		•				•	3a 3a	· · ·	No No
ь	If "Yes" to 3a(II), are the related organization						• •	3		1
4	Describe in Part XIII the intended uses of the	·								
Par	t VI Land, Buildings, and Equipme		the o	rganıza	tion ansv	vered 'Yes	' to F	orm 990, Pa	art IV, I	ine
	11a. See Form 990, Part X, line	10.		(2) (2	ost or other	(b)Cost or o	othor	(c) Accumulate	d (d)	Book value
	Description of property				investment)	basis (oth		depreciation	a (a)	book value
1a	Land									
b	Buildings									
c	Leasehold improvements		•							
d	Equipment		•			354	,319	245,7	13	108,606
	Other						,703		703	0
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colu	ımn (B),	line 10(c).)					108,606
								Schedule I	O (Form	990) 2014

Part VII Investments—Other Securities. Co	mplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		+
(2)Closely-held equity interests Other		+
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	complete if the organization	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
		_
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	0, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		1
REFUNDABLE ADVANCE	21,329	1
THE TOTAL PROPERTY OF THE PROP		1
		1
		_
		1
]
	+	1
]
Total (Column (h) must equal Form 900, Part V and (h) line 35.)		1
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	21,329	<u></u>

ADJUSTMENTS

ADJUSTMENTS

PART XII, LINE 2D - OTHER

Par		wered 'Yes' to Form 990, Part IV, line		nts	with	Kev	enue p	oer н	leturn Complete if
1		er support per audited financial statements						1	10,961,798
2	A mounts included on line 1 b	out not on Form 990, Part VIII, line 12							
а	Net unrealized gains (losses	on investments	2a			-6	33,203		
b	Donated services and use of	facilities	2b						
С	Recoveries of prior year gran	ts	2c						
d	Other (Describe in Part XIII)	2d				7,537		
e	Add lines 2a through 2d		· .					2e	-625,666
3	Subtract line 2e from line 1							3	11,587,464
4	Amounts included on Form 9	90, Part VIII, line 12, but not on line 1							
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7b .	4a						
b	Other (Describe in Part XIII)	4b						
c	Add lines 4a and 4b		<u> </u>					4c	0
5	Total revenue Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line	12)				•	5	11,587,464
Part		Expenses per Audited Financial St			Wit	h Exp	enses	per	Return. Complete
1		nswered 'Yes' to Form 990, Part IV, line er audited financial statements		<u>. </u>				1	11,031,680
2		ut not on Form 990, Part IX, line 25	•		•		•	┢┸	11,031,080
		facilities	2a	. 1					
a b			2a 2b	_					
C			20 2c	+					
d)	2d	+			7,537		
e e	•		Zu	—			7,337	2e	7,537
3	•			•	•			3	11,024,143
4		90, Part IX, line 25, but not on line 1:		•		•		-	11,024,143
		luded on Form 990, Part VIII, line 7b	4a	. 1					
a b	·)	4b	+					
	•	•		-1				4c	
с 5		and 4c. (This must equal Form 990, Part I, Iii						5	11.024.142
	Supplemental In		ie 10)		• •	•	• •		11,024,143
Prov Part	ride the descriptions required fo	or Part II, lines 3, 5, and 9, Part III, lines 1a I, lines 2d and 4b, and Part XII, lines 2d and							de any additional
	Return Reference	Explanation							
PART	V, LINE 4	THE OATF ENDOWMENT FUND IS USED ACTIVITIES THE LOTT ENDOWMENT FOR SUPPORT AND RESERVES FOR THE OR	UNDI	IS US	SED T				
PART	X, LINE 2	FOR THE YEARS ENDED JUNE 30, 2015 CONSIDERATION OF FASB ASC 740-1 REPORTING UNCERTAINTY IN INCOMI UNCERTAIN TAX POSITIONS QUALIFY FINANCIAL STATEMENTS THE FEDERA FROM INCOME TAX, IS SUBJECT TO EX GENERALLY FOR THREE YEARS AFTER	AND	2014 OME ES A EITH RM 9	I, NMS TAXE ND HA ER RE 90, RE	ES, TH AS DE ECOGI ETURN	IAT PRO TERMIN NITION I OF OR	OVIDE NED T OR D (GAN)	ES GUIDANCE FOR HAT NO MATERIAL DISCLOSURE IN THE IZATION EXEMPT
PART	XI, LINE 2D - OTHER	COGS INCLUDED AS AN EXPENSE ON				STAT	FMFNT	SANI	D NETTED AGAINST
	,	in the second se	🗕 . 1						, , , 0/11/10/

SALES REVENUE ON PART VIII, LINE 10C 7,537

SALES REVENUE ON PART VIII, LINE 10C 7,537

COGS INCLUDED AS AN EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST

Jenedale 2 (1 31111 33 3) 23 13		r age 3			
Part XIII Supplemental Information	on (continued)				
Return Reference	Explanation				
l					
-					

Schedule D (Form 990) 2014

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NATIONAL MARINE SANCTUARY FOUNDATION

As Filed Data -

DLN: 93493056001236

OMB No 1545-0047

2014

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE F

(Form 990)

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

Open to Public Inspection

Employer identification number

94-3370994

				3, 33, 633,	
Part I General Informa "Yes" to Form 990,			ne United States. Co	omplete if the organiza	ation answered
1 For grantmakers. Does the and other assistance, the used to award the grants	grantees' eligibili	ty for the gran	its or assistance, and	the selection criteria	▽ Yes ┌ No
2 For grantmakers. Describ assistance outside the Un		ganızatıon's pı	rocedures for monitorii	ng the use of its grant	s and other
3 Activites per Region (The fo	llowing Part I, line 3	B table can be du	uplicated if additional spa	ice is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SOUTH AMERICA	0		GRANTS TO RECIPIENTS LOCATED IN REGION		70,000
(2) EAST ASIA AND THE PACIFIC	0		GRANTS TO RECIPIENTS LOCATED IN REGION		124,327
(3)					
(4)					
(5)					
3a Sub-total	0	0			194,327
b Total from continuation shee to Part I	ets 0	0			Ć
c Totals (add lines 3a and 3b)	0	0			194,327

. (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)		SOUTH AMERICA	STUDY IMPACT OF INCREASED GROWTH OF POPULATIONS AND RELATED TOURIST ACTIVITIES & SUBSEQUENT CONFLICTS BETWEEN MARINE MAMMALS & HUMANS - ESTABLISH A COHERENT INFO SYSTEM AND IMPROVE MANAGEMENT OF MPA	70,000	WIRE			
(2)		EAST ASIA AND THE PACIFIC	DEVELOP AND CONDUCT A TRAINING WORKSHOP ON STAKEHOLDER ENGAGEMENT & CITIZEN MONITORING FOR MARINE PROTECTED AREAS	67,000	WIRE			
(3)		EAST ASIA AND THE PACIFIC	TO DEVELOP A GHOST NET SOURCE REDUCTION STRATEGY IN THE ARAFUR TIMOR ECOREGION	25,000	WIRE			
(4)		EAST ASIA AND THE PACIFIC	ALL OCASSIONS GROUP - MEETING FOR ARAFUR TIMOR GHOST NET REDUCTION	32,327	WIRE			

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	দ	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	ঘ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	ঘ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	্ব	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	~	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	GRANTEES ARE REQUIRED BY MUTUALLY SIGNED AGREEMENT TO SUBMIT TO NMSF BOTH NARRATIVE AND FI NANCIAL REPORTS USING SPECIFIC FORMS REPORTS ARE DUE TO NMSF ON FEBRUARY 1ST AND AUGUST 1 ST OF EACH YEAR FOR THE DURATION OF THE PROJECT, AND GRANTEES ARE EXPECTED TO SUBMIT A FIN AL REPORT AS WELL NMSF RESERVES THE RIGHT AS NECESSARY TO MONITOR AND CONDUCT AN EVALUATI ON OF THE PROJECT BEING FUNDED, WHICH MAY INCLUDE A VISIT FROM NMSF PERSONNEL TO OBSERVE THE ORGANIZATION'S PROJECT, DISCUSS THE PROJECT WITH THE ORGANIZATION'S PERSONNEL, AND REVIEW FINANCIAL AND OTHER MATERIALS CONNECTED WITH THE ACTIVITIES FUNDED BY NMSF IF THE PROJECT IS DIRECTLY AFFILIATED WITH A NOAA OFFICE, THEN NMSF WILL ASSIGN THIS RESPONSIBILITY TO NOAA AS A NMSF REPRESENTATIVE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493056001236

OMB No 1545-0047

(Form 990)

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

Department of the Treasury Internal Revenue Service		pen to Public Inspection					
Name of the organization						Employer identificati	on number
NATIONAL MARINE SANCTUARY F	OUNDATION					94-3370994	
Part I General Information	on on Grants and	d Assistance				•	
 Does the organization maintain the selection criteria used to ave Describe in Part IV the organization 	ward the grants or as	sıstance?					✓ Yes
Part II Grants and Other A Form 990, Part IV, lin							s" to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							

Schedule I	(Form 990) 2014
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.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation							
PART I, LINE 2	GRANTEES ARE REQUIRED BY MUTUALLY SIGNED AGREEMENT TO SUBMIT TO NMSF BOTH NARRATIVE AND FINANCIAL REPORTS USING SPECIFIC FORMS REPORTS ARE DUE TO NMSF ON FEBRUARY 1ST AND AUGUST 1ST OF EACH YEAR FOR THE DURATION OF THE PROJECT, AND GRANTEES ARE EXPECTED TO SUBMIT A FINAL REPORT AS WELL NMSF RESERVES THE RIGHT AS NECESSARY TO MONITOR AND CONDUCT AN EVALUATION OF THE PROJECT BEING FUNDED, WHICH MAY INCLUDE A VISIT FROM NMSF PERSONNEL TO OBSERVE THE ORGANIZATION'S PROJECT, DISCUSS THE PROJECT WITH THE ORGANIZATION'S PERSONNEL, AND REVIEW FINANCIAL AND OTHER MATERIALS CONNECTED WITH THE ACTIVITIES FUNDED BY NMSF IF THE PROJECT IS DIRECTLY AFFILIATED WITH A NOAA OFFICE, THEN NMSF WILL ASSIGN THIS RESPONSIBILITY TO NOAA AS A NMSF REPRESENTATIVE							

Additional Data

Software ID:

Software Version:

EIN: 94-3370994

Name: NATIONAL MARINE SANCTUARY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANNE ARBOR,MI 48109	38-6006309	501(C)(3)	10,000				BAY WATERSHED EDUCATION AND TRAINING PROGRAM ANALYSIS
SPORTFISHING CONSERVANCY200 NIETO AVE 207 LONG BEACH,CA 90803	35-2180894	501(C)(3)	10,000				SANCTUARY CLASSIC
GLOBAL FOUNDATION FOR OCEAN EXPLORATIONPO BOX 26 WEST REDDING,CT 06896	46-0814861	501(C)(3)	50,000				SANCTUARY MAPPING AND ROV EXPLORATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OCEAN FUTURES SOCIETY 513 DE LA VINA SANTA BARBARA, CA 93101	95-4455199	501(C)(3)	13,320				VIDEOTAPE FOR FILM RELATED TO AMERICAN SAMOA		
UNIVERSITY OF SOUTH FLORIDA 30338 USF HOLLY DRIVE TAMPA, FL 33612	59-3102112	GOVERNMENT	25,000				EDUCATION ALLIANCE AGREEMENT		
NEW ENGLAND AQUARIUM 1 CENTRAL WHARF BOSTON,MA 02110	04-2297514	501(C)(3)	25,000				EDUCATION ALLIANCE AGREEMENT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GEORGIA AQUARIUM225 BAKER ST NW ATLANTA,GA 30313	58-2574918	501(C)(3)	25,000				EDUCATION ALLIANCE AGREEMENT		
AQUARIUM OF THE PACIFIC100 AQUARIUM WAY LONG BEACH,CA 90802	33-0532354	501(C)(3)	25,000				EDUCATION ALLIANCE AGREEMENT		
OREGON MUSEUM OF SCIENCE AND INDUSTRY 1945 SE WATER AVENUE PORTLAND,OR 97214	93-0402877	501(C)(3)	25,000				EDUCATION ALLIANCE AGREEMENT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JOHN G SHEDD AQUARIUM 1200 S LAKE SHORE DRIVE CHICAGO,IL 60605	36-2167918	501(C)(3)	25,000				EDUCATION ALLIANCE AGREEMENT		
SEAWEB8403 COLESVILLE RD SUITE 1100 SILVER SPRING, MD 20910	52-2156577	501(C)(3)	65,636				11TH INTERNATIONAL SEAFOOD SUMMIT		
SEA RESEARCH FOUNDATION55 COOGAN BLVD MYSTIC,CT 06355	06-1480300	501(C)(3)	44,401				COMMUNITY ECOLOGY EXPERTISE IN STELLWAGEN BANK NMS AND DEVELOP METRICS TO CHARACTERIZE MARINE SOUNDSCAPE DIVERSITY		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF HAWAII ORS2440 CAMPUS RD BOX 368 HONOLULU,HI 96822	99-6000354	GOVERNMENT	36,000				HAWAII CONSERVATION CONFERENCE AND CONSERVATION CONNECTIONS		
GULF OF MAINE RESEARCH INSTITUTE350 COMMERCIAL ST PORTLAND, ME 04101	01-0504905	501(C)(3)	100,000				MARINE RESOURCE EDUCATION PROGRAM		
COLLEGE OF EXPLORATION230 MARKWOOD DR POTOMAC FALLS, VA 20165	54-1596412	501(C)(3)	55,000				TEACHER AT SEA PROFESSIONAL DEVELOPMENT WORKSHOPS		

<u> Form 990,Schedule I, Par</u>	t II, Grants an	<u>d Other Assistance</u>	e to Domestic Org	<u>anizations and Do</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance							
GREAT OUTDOORS MOBILE INC310 RAMONA PLACE COSTA MESA,CA 92627	46-1044790	OTHER	25,000				FISHALERTS MOBILE APP							
TENNESSEE AQUARIUM ONE BROAD STREET CHATTANOOGA,TN 37402	58-1837154	501(C)(3)	25,000				SECRET REEF EXHIBIT UPGRADES AND ENHANCEMENTS							
WILDLIFE CONSERVATION SOCIETY2300 SOUTHERN BLVD BRONX,NY 10460	13-1740011	501(C)(3)	24,900				SECURING A SANCTUARY IN THE NEW YORK BIGHT							

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FARALLONES MARINE SANCTUARY ASSOCIATIONTHE PRESIDIO PO BOX 29386 SAN FRANCISCO,CA 94129	94-3227237	501(C)(3)	25,000				PROTECTING NEW COASTLINES AND ENGAGING NEW COMMUNITIES		
THE OCEAN PROJECTPO BOX 2506 PROVIDENCE,RI 02906	71-0863908	501(C)(3)	23,056				ENGAGING PUBLIC IN SANCTUARY NOMINATION PROCESS		
AMERICAN SAMOA COASTAL ZONE MANAGEMENT PROGRAM AP LUTALI EXECUTIVE OFFICE BLDG UTULEI,AS 96799	97-0000676	GOVERNMENT	5,370				SUPPORT AND DEVELOPMENT OF AMERICAN SAMOA COMMUNITY VILLAGE CLEANUP PROGRAM		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OREGON MUSEUM OF SCIENCE AND INDUSTRY 1945 SE WATER AVENUE PORTLAND,OR 97214	93-0402877	501(C)(3)	23,432				2015 SCIENCE ON A SPHERE USERS COLLABORATIVE NETWORK WORKSHOP		
STEVENSON SCHOOL - PEBBLE BEACH CAMPUS99 PACIFIC ST BUILDING 455-A MONTEREY, CA 93940	94-1218745	501(C)(3)	6,000				EDUCATION ALLIANCE		
CAL POLY CORPORATION ONE GRAND AVE SAN LUIS OBISPO, CA 93407	95-1648180	OTHER	50,000				EDUCATION ALLIANCE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YUROK TRIBE190 KIAMATH BLVD PO BOX 1027 KLAMATH,CA 95548	68-0178020	GOVERNMENT	50,000				CHARACTERIZING TRIBAL CULTURAL LANDSCAPES
SUQUAMISH TRIBEPO BOX 498 SUQUAMIDH,WA 98392	91-0854725	GOVERNMENT	17,004				CHARACTERIZING TRIBAL CULTURAL LANDSCAPES
TEXAS STATE AQUARIUM 2710 NORTH SHORELINE BLVD CORPUS CHRISTI,TX 78402	23-7044950	501(C)(3)	25,000				SUPPORT AND DEVELOPMENT COMMUNITY VILLAGE CLEANUP PROGRAM

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DLN: 93493056001236

OMB No 1545-0047

Compensation Information Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to 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

Internal Revenue Service Name of the organization

Department of the Treasury

7

Employer identification number

NATIONAL MARINE SANCTUARY FOUNDATION 94-3370994 **Questions Regarding Compensation** Yes No 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 Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in 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 explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 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 Approval by the board or compensation committee Form 990 of other organizations 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 Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 The organization? Νo 5b Νo Any related organization? 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 The organization? 6a Νo Any related organization? Νo 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 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Nο If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
	(i)	155,688	0	0	0	22,913	178,601	0
4 CLO	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference

Explanation

Schedule J (Form 990) 2014

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DLN: 93493056001236

OMB No 1545-0047

2014

Open to Public Inspection

SCHEDULE O

Department of the Treasury Internal Revenue Service

(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.

► 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.

Name of the organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number
	94-3370994

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT IT WAS THEN SENT TO THE FULL BOARD PRIOR TO FILING WITH THE IRS

FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION REQUIRES EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS TO ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED, UNDERSTANDS, AND COMPLIES WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IN THE EVENT THAT A CONFLICT OR POTENTIAL CONFLICT OF INTEREST IS DISCOVERED, THE BOARD OR COMMITTEE MEMBERS, EXCEPT FOR THOSE INTERESTED PERSONS, REVIEW THE CIRCUMSTANCES OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST AND DETERMINE THE APPROPRIATE COURSE OF ACTION WHICH SERVES THE BEST INTEREST OF THE ORGANIZATION THE BOARD'S OR COMMITTEE'S DETERMINATION MAY INCLUDE A PRESENTATION FROM THE INTERESTED PERSONS, BUT MUST EXCLUDE THE INTERESTED PERSONS FROM PARTICIPATING IN THE BOARD'S OR COMMITTEE'S DISCUSSION AND VOTING REGARDING THE TRANSACTION OR AGREEMENT WHICH RESULTED IN THE CONFLICT OF INTEREST OR THE POTENTIAL CONFLICT OF INTEREST THE POLICY IS DESCRIBED IN THE PERSONNEL POLICY HANDROOK AND IS MORE PESTRICTIVE THAN THE BOARD POLICY DESCRIBED ABOVE.	Return Reference	Explanation
THE BOARD OLD BARDOUL AND INDICATE THAT THE BOARD OLD BEOCKBED ABOVE	PART VI, SECTION B,	DELEGATED POWERS TO ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED, UNDERSTANDS, AND COMPLIES WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IN THE EVENT THAT A CONFLICT OR POTENTIAL CONFLICT OF INTEREST IS DISCOVERED, THE BOARD OR COMMITTEE MEMBERS, EXCEPT FOR THOSE INTERESTED PERSONS, REVIEW THE CIRCUMSTANCES OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST AND DETERMINE THE APPROPRIATE COURSE OF ACTION WHICH SERVES THE BEST INTEREST OF THE ORGANIZATION THE BOARD'S OR COMMITTEE'S DETERMINATION MAY INCLUDE A PRESENTATION FROM THE INTERESTED PERSONS, BUT MUST EXCLUDE THE INTERESTED PERSONS FROM PARTICIPATING IN THE BOARD'S OR COMMITTEE'S DISCUSSION AND VOTING REGARDING THE TRANSACTION OR AGREEMENT WHICH RESULTED IN THE CONFLICT OF INTEREST OR THE POTENTIAL CONFLICT OF INTEREST NMSF STAFF ANNUALLY SIGNS A STATEMENT AFFIRMING RECEIPT OF THE CONFLICT OF INTEREST

PART VI, CONCLUDED THAT THE EXECUTIVE COMMITTEE IS THE MOST APPROPRIATE BODY TO REVIEW AND APPROVE EXECUTIVE SECTION B, COMPENSATION THIS POLICY IS DESIGNED TO BE CONSISTENT WITH INFORMATION REQUESTED ON THE NEW FORM 990	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	CONCLUDED THAT THE EXECUTIVE COMMITTEE IS THE MOST APPROPRIATE BODY TO REVIEW AND APPROVE EXECUTIVE COMPENSATION THIS POLICY IS DESIGNED TO BE CONSISTENT WITH INFORMATION REQUESTED ON THE NEW FORM 990 AND ALSO CONSISTENT WITH IRS'S "INTERMEDIATE SANCTIONS" RULES THIS POLICY ON THE PROCESS FOR DETERMINING COMPENSATION OF NMSF APPLIES TO THE COMPENSATION OF THE FOLLOWING PERSONS EMPLOYED BY THE FOUNDATION THE FOUNDATION'S CHIEF EMPLOYED EXECUTIVE (I.E., THE CEO/PRESIDENT), OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES OF THE FOUNDATION (IF ANY) THE LAST REVIEW TOOK PLACE IN JUNE 2014 THE PROCESS INCLUDES ALL OF THESE ELEMENTS (1) REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF THE FOUNDATION, (2) USE OF DATA AS TO COMPARABLE COMPENSATION, AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING, AS FOLLOWS 1 REVIEW AND APPROVAL THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL 2 USE OF DATA AS TO COMPARABLE COMPENSATION THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS 3 CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING THERE IS CONTEMPORANEOUS DOCUMENTATION AND DECISIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	EDUCATION PROGRAM CONSULTANTS PROGRAM SERVICE EXPENSES 424,046 MANAGEMENT AND GENERAL EXPENSES 3,466 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 427,512 CHAPTER PARTNERSHIPS PROGRAM SERVICE EXPENSES 18,383 MANAGEMENT AND GENERAL EXPENSES 157 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 18,540 CONSERVATION PROJECTS PROGRAM SERVICE EXPENSES 264,545 MANAGEMENT AND GENERAL EXPENSES 2,092 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 266,637 ADMINISTRATIVE SUPPORT PROGRAM SERVICE EXPENSES 261,130 MANAGEMENT AND GENERAL EXPENSES 2,236 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 263,366 DIVE PROGRAM SUPPORT PROGRAM SERVICE EXPENSES 1,507 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 EXPENSES 1,507 MEDICAL FOUNDATION PROGRAM SERVICE EXPENSES 143,720 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 143,720 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 143,720