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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u> _	For the	e 2015 c <u>al</u> e	dar year, or tax year beginning		2015, an	d ending			, 20
В	Check i	f applicable	Name of organization Marine Pres	ervation Association			er identification number		
	Address	s change	Doing business as						86-0662511
	Name c	hange	Number and street (or P O box if mai	I is not delivered to street addre	ess)	Room/suite		E Telepho	ne number
	Initial re	tum	20645 N. Pima Road		1	10	o		480-991-5500
	Final retu	rn/terminated	City or town, state or province, count	ry, and ZIP or foreign postal coo	de				
		ed return	Scottsdale, AZ 85255-5595	•			1.	G Gross n	eceipts \$ 98,545,212
			Name and address of principal officer	Brett G. Drewry					subordinates? Yes No
	••		Address same as C. above	2.00.0.0.000					s included? Yes No
	Tax-exe	mpt status	501(c)(3) 501(c) (6) ◀ (insert no) ☐ 4947(a	a)(1) or [527			a list (see instructions)
J	Website		.mpaz.org	V / 1 (modit no / 22 4047 (c	<u> </u>		H(c) Group e		
K			Corporation Trust Associate	on ☐ Other ▶	L Year	of formation	4		of legal domicile AZ
Р	art I	Summ	 	<u></u>		<u> </u>	1330	, w olate	er regar der riene AZ
	1		scribe the organization's mission	on or most significant act	tivities.	To promo	to the welf	are and i	interests of the
ø	} -		and energy industry and the rela						
Covernance			e problems caused by discharge				gn errorts t	о пеір ті	iese industries
2016 overna	2		s box I if the organization d				moro than	250/ of	ita nat annata
3 5	3		f voting members of the govern		-			1 -	
ည်း	4		f independent voting members					3	12
⇒ 80 80	5							4	12
> \ <u>\\ \</u>	6		ber of individuals employed in					5	3
NUV # &	1 _		ber of volunteers (estimate if n					6	0
_ ~	7a		lated business revenue from P					7a	0
<u>-</u>	<u> </u>	ivet unrei	ted business taxable income f	rom Form 990-1, line 34		· · ·		7b	0
Revenue Revenue	-	Contribut	one and events (Dept VIII. line 4				Prior Yea		Current_Year
Revenue	8		ons and grants (Part VIII, line 1				95,	<u>042,887</u>	98,447,356
₹ ₹	9		ervice revenue (Part VIII, line 2	••				0	0
i ê	10		t income (Part VIII, column (A),					101,841	97,856
	11		enue (Part VIII, column (A), lines					0	0
	12-		nue-add lines 8 through 11 (mu				95,	144,728	98,545,212
	13		d similar amounts paid (Part IX				112,	818,494	97,929,000
	14		aid to or for members (Part IX,		•	· ·		0	0
es	15		ther compensation, employee be					495,838	544,928
ë	16a		al fundraising fees (Part IX, co					. 0	0
Expenses	_b		raising expenses (Part IX, colu						n ag Tina ra
	17	Other exp	enses (Part IX, column (A), lines	s 11a-11d, 11f-24e) .				372,462	273,510
	18	Total exp	nses. Add lines 13-17 (must e	qual Part IX, 底切面而在外,	/ine-25)	一	113,	686,794	98,747,438
	19	Revenue	ess expenses. Subtract line 18	from line 12				42,066)	(202,226)
Assets or d Balances				NOV 14		S Beg	inning of Cun	rent Year	End of Year
sset	20		ts (Part X, line 16)	. S NUV. 142	2016 -	SO	30,	789,784	35,626,567
a e	l		ties (Part X, line 26)			怒! _	9,	080,563	14,119,572
2 L	22		or fund balances. Subtract lin	e 21 from l@€20 F.N.	UT	<u>. </u>	21,	709,221	21,506,995
	art II		re Block				_		
Un	der pena	lities of perjui	 I declare that I have examined this reference Declaration of preparer (other than of preparer) 	turn, including accompanying so	chedules a	ind stateme	nts, and to the	e best of r	ny knowledge and belief, it is
		Transcompi	2 Declaration of preparer (other than o	micery is based on an information	II OI WINCH	preparer na	is any knowle	uge ,	
e:-			Just trumy					4/10	(16
Siç		Signa	ure of officer	D :	_		Date	•	•
He	re		Scett Drewry,	President & C	_EO		_		
			or print name and title			1 2			I no in the control of the control o
Pa	id	Print/Typ	e preparer's name	Preparer's signature		Date		Check [if PTIN
Pro	epare	r					·	self-em	oloyed
	e Onl	I = .	ne 🕨				Firm'	s EIN 🕨	
		Firm's a					Phon	e no	
Ma	y the IF	RS discuss	this return with the preparer sh	own above? (see instruc	ctions)				Yes No
For	Paperv	vork Redu	tion Act Notice, see the separate	instructions.		Cat No	11282Y		Form 990 (2015)



,				
Form 99				Page 2
Part				
	Check if Schedule O contains	a response or note to any line in this Pa	<u>rt III </u>	<u> </u>
1	Briefly describe the organization's mi			
	their United States oil spill response re	a privately funded, non-profit corporation w	hich supports its members' ability to	meet
	maintaining efficient, effective oil spill r	quirements by providing funding for and a p		
	manual mig chicient, enective on spin i	esponse capabilities.		
2	Did the organization undertake any s prior Form 990 or 990-EZ?	ignificant program services during the year	ar which were not listed on the	Yes ☑No
	If "Yes," describe these new services	on Schedule O.	_	
3		ting, or make significant changes in he		Yes ☑No
	If "Yes," describe these changes on S			
4	Describe the organization's program expenses. Section 501(c)(3) and 501(the total expenses, and revenue, if an	service accomplishments for each of its (c)(4) organizations are required to report iy, for each program service reported	three largest program services, as the amount of grants and allocation	measured by ns to others,
	(Code:) (Expenses \$	including grants of \$	\/Revenue \$	<u> </u>
	Provided financial assistance in the form	m of net grants provided to a social welfare) (nevertice \$	<i>'</i>
	maintain and increase existing capabilit	ties for mitigating the environmental damage	organization totaling \$97,929,000 in or	geographic
	areas determined by the Board of Direc	tors of the Corporation.	. caused by on spins within specified	deodi abilic
			•	
4b	(Code:) (Expenses \$	ıncluding grants of \$) (Revenue \$)
-	_			
	·			
	·	•		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		•••••		
		•••••••••••••••••••••••••••••••••••••••		

) (Revenue \$

Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

Form 9	90 (2015)			Page
Part	IV Checklist of Required Schedules			
. 1	Is the organization described in section 501/oV2) or 4047/oV1) (other than a project foundation)? If "Vee"		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			<u>ن</u> -
a 	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	-√ -	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	ļ
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>,</u>
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		1

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

19

19

Form 9	90 (2015)		1	Page
Part	Checklist of Required Schedules (continued)			
20.0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	√	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	-	
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):		ij.	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
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	√	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,	50		

19? Note. All Form 990 filers are required to complete Schedule O.

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

37

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
b		<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
20	Chatemants fled for the releader was and as 10 to 10 t			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	V	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa	•	
	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods_			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d e	If "Yes," indicate the number of Forms 8282 filed during the year			
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from members or shareholders			
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
13	TO THE THAN IT WHEN A FORD IZED O REDOUT THESE DAVIDENTS / IT "NO " DEOVICE ON AVAILABLE ON SCHOOLIA ()	1 7/P		

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		. 🗸
Sect	on A. Governing Body and Management			
4.	Enter the number of victima acceptance of the acceptance to the description of the second of the sec		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 . 1b 12			
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		√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6	Did the organization have members or stockholders?	6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
۵	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	√	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	✓	
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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?	406		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			· ·
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	_	,	
13	describe in Schedule O how this was done	12c	√	
14	Did the organization have a written whistleblower policy?	13 14	-	
15	Did the process for determining compensation of the following persons include a review and approval by	17	Š	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	\	
b	Other officers or key employees of the organization	15b		✓_
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		√
b	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?	405		
Secti	organization's exempt status with respect to such arrangements?	16b		Ь
17	List the states with which a copy of this Form 990 is required to be filed ► Arizona			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intefinancial statements available to the public during the tax year.	est ¡	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and red	ords:	•	
	Mitzi Callow 20645 N Dima Doad Suite 100 Scottedale A7 05255 (400) 004 5500			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organize	zation nor any relate	a org 	anız		on c C)	ompe	ensa	ated any currer	it officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck s pe	ition more	e than on the than of the	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Rachel Archer	0									
Director		✓	\sqcup					0	0	
(2) Jeff Bonnette	0									
Director		-	+				┢	0	0	
(3) Leon Crites	<u>0</u>	,		,				_		
Director/Chairperson		-	\vdash	✓				0	0	
(4) Greg DeMarco	0	,		1				_	_	
Director/Chairperson (5) Torra Correct		-	\vdash	V				0	O	
(5) Tom Garrett Director	0	1							_ [
(6) Tom Hardison	0	_	\vdash					0	0	
Director		1						0	ام	
(7) Eric Haugstad	0	-	\vdash					0	0	
Director		1						0	اه	
(8) Jeff Johnson	0	<u> </u>	\vdash		_					
Director		1						0	أه	
(9) David McBride	0	<u> </u>	\vdash							
Director		1						0	اه	
(10) Mitch Masterson	0		\vdash						0	_
Director		1					l	0	اه	
(11) Martin Padilla	0	- `- -	\Box							
Director/Treasurer		1		1				0	اه	
(12) Jeff Patry	0		\vdash							-
Director		✓						0	اه	
(13) Steve Pepper	0		\Box					<u> </u>		
Director		✓						0	اه	
(14) Phil Smith	0		\Box					1		
Director		1						0	l ol	

•	(A) Name and title	(B) Average hours per week (list any	box, i	ot ch unles: er and	Pos eck s pe l a d	rson irect	than o	an tee)	(D) Reportable compensation from	(E) Reportation compensation related	n from	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organızatı (W-2/1099-I		compensation from the organization and related organizations
	rett Drewry	40	,				-					
(16)	irector/President/CEO/Secretary		✓		✓				325,925		0	81,57
(17)												
(18)											+	
(19)									<u> </u>			
(20)					_					-	+	
(21)					-						\dashv	
(22)					_						_	·
(23)	<u></u>			_	-	-		-				
(24)				\dashv								
(25)											-	
<u> </u>										_		
1b c	Sub-total	•						•	32 <u>5,925</u> 0		0	81,570
<u>d</u> 2	Total (add lines 1b and 1c)	not limited) wl	325,625 no received mo	ore than \$1	0 00,000	81,57 0 of
3	Did the organization list any former off	icer, direct	or, o	r tru	uste	e, l	key e	mp	loyee, or high	est compe	ensated	Yes No
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the organization and related organizations	sum of rep	ortab	le c	om	per	satio					
5	individual									ation or inc	 dividua	4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Section	on B. Independent Contractors	,						<u> </u>	porcon		<u> </u>	3 4
1	Complete this table for your five highest of compensation from the organization. Rep year.	ompensate ort comper	ed ind nsatio	epe n fo	nde r th	ent o	contra alenda	acto ar y	ors that receive ear ending with	d more than	n \$100 the org	0,000 of ganization's tax
	(A) Name and business addr	ess							(B) Description of se	ervices		(C) Compensation
Duane	Morris, LLP - 30 South 17th Street, Philadelp	hia, PA 1910	03-419)6				Leg	al Services			\$105,39
2	Total number of independent contractor								· -			

	90 (201:	Statement of Revenue					Page 9
		Check if Schedule O contains a res	nonse or note to	any line in this	Part VIII		П
		Oneskii esinesii e eename a res		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	98,447,356	1			
ts, (Am	С	Fundraising events 1c					
Gifts, ilar An	d	Related organizations 1d		Ì			
Sim	e	Government grants (contributions) 1e					
utio ier (f	All other contributions, gifts, grants, and similar amounts not included above					
Contributions, and Other Sim	_	and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$		}			
Son	g h	Total. Add lines 1a–1f		00 447 256			
_	- "	Total: Add lines 1a-11	Business Code	98,447,356			
Program Service Revenue	2a						
₽e\	b						
ice	С						
Sen	d						
E	е						
ogu	f	All other program service revenue.					
<u>~</u>	g	Total. Add lines 2a-2f	▶				
	3	Investment income (including divide and other similar amounts)					
		•		97,856			97,856
	4 5	Income from investment of tax-exempt be	· · ·				
	3	Royalties	(II) Personal				
	6a	Gross rents	(1)	1			
		Less: rental expenses		•	mer sy =	•	
	C	Rental income or (loss)					
	d	Net rental income or (loss)	▶			J	
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
•	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> ▶</u>				
Other Revenue	8a	Gross income from fundraising					
eve		events (not including \$					
Œ.		of contributions reported on line 1c). See Part IV, line 18 a					
EF	_	Less: direct expenses b]			
Ò		Net income or (loss) from fundraising	events . ►		1		
		Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
		Net income or (loss) from gaming acti	vities ▶				
	10a	Gross sales of inventory, less					
		returns and allowances a					
		Less cost of goods sold b					
	С	Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	٠ د	All other revenue					
	d	All other revenue	•				}
	е 12	Total revenue. See instructions.		98,545,212			07.050
	- - -			20,343,212			97,856 Form 990 (2015)

	Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must com-	plete all columns. A	ll other organizatioi	ns must complete co	olumn (A).
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	97,929,000			•
2	Grants and other assistance to domestic individuals See Part IV, line 22	37,323,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	403,125			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	119,658			
9	Other employee benefits	2,089	•		
10	Payroll taxes	20,056			
11	Fees for services (non-employees):				
а	Management				
b	Legal	83,748			
С	Accounting	16,250			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	9,308			
13	Office expenses	24,484	· · · · · ·		
14	Information technology	6,271			
15	Royalties				
16	Occupancy	33,583			
17	Travel	41,149			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	27,631			
20	Interest				=
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	4,125			
23	Insurance	5,837			· · · · · · · · · · · · · · · · · · ·
24	Other expenses. Itemize expenses not covered	ŀ			
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Dues and Subscriptions	15,388			
b	Payroll and Retirement Plan Processing	5,464			-
C	Taxes and Licenses	272	-		
d			·		-
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	98,747,438			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Form **990** (2015)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash—non-interest-bearing 1 18,988 41,389 2 Savings and temporary cash investments 2 30,710,529 35,527,158 3 Pledges and grants receivable, net 3 4 4 33,834 17,262 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 **Assets** 7 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges . . . 9 13,297 28,266 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less accumulated depreciation 13,136 10c 12,492 60,130 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 16 30,789,784 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 35,626,567 17 197,786 17 183,798 18 ⁻18 4,386,000 6,315,000 19 Deferred revenue 4,496,777 19 7,608,774 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . 25 12,000 26 **Total liabilities.** Add lines 17 through 25 26 9,080,563 14,119,572 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 21,709,221 27 21,506,995 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Net Assets 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 21,709,221 21,506,995 34 Total liabilities and net assets/fund balances . 30,789,784 34 35,626,567

om	990	(2015)	
OILLI	230	(2010)	

Page 12

Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			45,212
2	Total expenses (must equal Part IX, column (A), line 25)	2			47,438
3	Revenue less expenses. Subtract line 2 from line 1	3			2,226)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21,70	09,221
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	_		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
D	33, column (B))	10		21,50	<u> </u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · </u>	<u> </u>		
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other			Yes	No
•	Accounting method used to prepare the Form 990: Cash Gash Gash Counting from a prior year or checked "Other," ex	nlaın ı	_		
	Schedule O	piaiii i	'' 		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	 Ned c	. Za	i	V
	reviewed on a separate basis, consolidated basis, or both:	Jilou C	"		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on		Ě	
	separate basis, consolidated basis, or both:				
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersigt/	nt 📉		
	of the audit, review, or compilation of its financial statements and selection of an independent accou		,	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	n 💮		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ı	n		
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	l l		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			For	n 99 0	(2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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," on 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," on 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," on 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

Tax) (s	see separate instructions), t	hen			
	ection 501(c)(4), (5), or (6) orga	anizations. Complete Part III			
Name	of organization			Employer ider	ntification number
	Preservation Association				86-0662511
Part		e organization is exempt und		<u> </u>	organization.
1	•	the organization's direct and indir		•	
2	·)
3	Volunteer hours				
Dart	-B Complete if the	o organization is exempt upo	dor coation FO1/	<u> </u>	
1 1		e organization is exempt und excise tax incurred by the organiz			
2	•	excise tax incurred by organization		11 4000	, }
3	= -	ed a section 4955 tax, did it file Fo	_		Yes No
4a					Yes No
b	If "Yes," describe in Part				
Part	I-C Complete if the	e organization is exempt und	der section 501(c), except section 501	(c)(3).
1	Enter the amount direct	ly-expended by the filing-organi	zation for section	527 exempt function	<u></u>
2		filing organization's funds contri			
		vities			
3		expenditures. Add lines 1 and 2			
				· ·	
4		n file Form 1120-POL for this year			LYes LNo
5		ses and employer identification nu			
		ents. For each organization listed, ontributions received that were pro			
		fund or a political action commit			
		<u> </u>		T	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			İ	funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
(1)					
\'' <i>'</i>					
(2)			_		
(3)					
			 	ļ	
(4)					
			 	 	
(5)		l			
	<u>-</u>		 	 	
(6)		ļ			1

Pa ·	complete if the organization section 501(h)).	n is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ection under
Α	Check ▶ ☐ if the filing organization be	longs to an a	ffiliated group (ar	nd list in Part IV	each affiliated gro	oup member's
•	name, address, EIN, expe					ap mombor o
В	Check ▶ ☐ if the filing organization ch				•	
	Limits on Lobi			<u> </u>	(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amounts	s paid or incurred.)	organization's totals	group totals
1	Total lobbying expenditures to influence	ring)				
	Total lobbying expenditures to influence	a legislative b	ody (direct lobbying	g)		- '
	Total lobbying expenditures (add lines 1					
	d Other exempt purpose expenditures .					
	e Total exempt purpose expenditures (ad-	d lines 1c and	1d)			
	Lobbying nontaxable amount. Enter columns.	the amount	from the following	table in both		
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the a	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25	•				
	Subtract line 1g from line 1a. If zero or le					
i	Subtract line 1f from line 1c. If zero or le					
,	If there is an amount other than zero reporting section 4911 tax for this year'		th or line 1i, did			Yes No
_	(Some organizations that made a se	ction 501(h) el	Period Under sec lection do not hav tructions for lines	e to complete all	of the five column	ns below.
	Lobbying	Expenditure	s During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2	Lobbying nontaxable amount					
l	Lobbying ceiling amount (150% of line 2a, column (e))					
(Total lobbying expenditures					
-	Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
1	Grassroots lobbying expenditures					

Part	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT fill (election under section 501(h)).	ed	Forn	n 5768	
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(4	a)	(b)	
desci	ption of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?		_		
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				٠,
Part		5), (or se	ection	
	501(c)(6).			V	NI -
	Manage of the best all and 1000/ accessed the second and the 1000 for				No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	✓
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 1	
3 Part	Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				-√ -
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."				, is
1 2	Dues, assessments and similar amounts from members	of	1		
-	political expenses for which the section 527(f) tax was paid).	٠.			
а	Current year		2a	1	
b	Carryover from last year		2b		
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	-	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby				
	and political expenditure next year?	.5	4	1	
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par				<u> </u>	
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	o lis	t): Pa	rt II-A, lines 1 a	and
2 (see	instructions), and Part II-B, line 1. Also, complete this part for any additional information.		,,	•	
_					

Schedule C (Form	chedule C (Form 990 or 990-EZ) 2015 Page 4						
Part IV	Supplemental Information (continued)						
<u></u>							

SCHEDULE D (Form 990)

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. Open to Public ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number

_	Preservation Association		86-0662511
Pa		vised Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered		
_	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4 5	Aggregate value at end of year		
3	Did the organization inform all donors and donor funds are the organization's property, subject to the	ne organization's exclusive legal control	? · · · · · 🗀 Yes 🗆 No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	and donor advisors in writing that grant fift of the donor or donor advisor, or for	any other purpose
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	ation or education) 🔲 Preservation of a	a historically important land area
	Protection of natural habitat	☐ Preservation of a	a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eld a qualified conservation contribution	
_	·		Held at the End of the Tax Year
a b	Total number of conservation easements	· · · · · · · · · · · · · · · · · · ·	. 2a
_ c	Number of conservation easements on a certified		2b_
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not of	. <u>20</u>
_		· · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, tran		
	tax year ►		
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re-	garding the periodic monitoring, inspe	ection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	as bandling of violations, and enforcing or	annonyation appearants divise the vers
•	►\$	ig, harding of violations, and emorcing co	onservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ıı)?		· · · · · □ Yes □ No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue a	and expense statement, and
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's finar	ncial statements that describes the
Dawl	organization's accounting for conservation easeme		
Part	Organizations Maintaining Collection Complete if the organization answered	"Voe" on Form 000 Dort IV line 9	Aner Similar Assets.
1a	If the organization elected, as permitted under SF.		overvie statement and belongs about
ıa	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f	r assets held for public exhibition, edu-	cation, or research in furtherance of
h			
D	If the organization elected, as permitted under S works of art, historical treasures, or other similar	r assets held for public exhibition, odu	evenue statement and balance sheet
	public service, provide the following amounts relati	ing to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	- - • • • • • • • • • • • • • • • • • •	> \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art,	, historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these iter	ms:
а	Revenue included on Form 990, Part VIII, line 1 .		• \$
b	Assets included in Form 990, Part X	<u> </u>	▶ \$

Part									
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, ched	k any of th	e follow	ving that are a	significant	use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ae progi	rams		
b	Scholarly research								
С	Preservation for future generation	S							
4									
5	During the year, did the organization assets to be sold to raise funds rather								s 🗌 No
Part	IV Escrow and Custodial Arra		<u>'</u>						
	Complete if the organization 990, Part X, line 21.	answered "Yes							Form
1a	Is the organization an agent, trustee included on Form 990, Part X?						other assets r		s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing t	able:				
				_			T	Amount	
С	Beginning balance					1c			
d	Additions during the year					1d	<u> </u>		
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou					ustodial	account liabilit	v?	s No
b	If "Yes," explain the arrangement in P							-	
	V Endowment Funds.					10.00.00			
	Complete if the organization	answered "Yes	" on For	m 990. I	Part IV. line	e 10.			
		(a) Current year		or year	(c) Two yea		(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance			 -	 -			+	<u>-</u>
	Contributions	<u> </u>							
	Net investment earnings, gains, and losses			 _			<u></u>		
d	Grants or scholarships				i ——				
e	Other expenditures for facilities and								
•	programs		-	-					
f	Administrative expenses				 				
g	End of year balance				ļ				
2	Provide the estimated percentage of t	he current year on	l halanc	o (lino 1o	column (a	// bold s			
a	Board designated or quasi-endowme	nt -	%	e (iii)e i g	, coluitii (a	ij) Helu e	25.		
	Permanent endowment ►	0/	/0						
D C	Temporarily restricted endowment	· ^{/0}							
·	The percentages on lines 2a, 2b, and		0006						
32	Are there endowment funds not in th			zation th	at are held	and ad	ministered for t	ha	
Va	organization by:	e possession or tr	ie Organii	zation th	at ale lielu	and adi	illillistered for t		Yes No
	•								Tes No
	(i) unrelated organizations (ii) related organizations					•		3a(i)	
	• •				 			3a(ii)	
b	If "Yes" on line 3a(ii), are the related of							3b	
4 Dort	Describe in Part XIII the intended uses		on s endo	witient	uilus.				
Part			" on For	000 I	Dort IV lin	. 11. (Saa Farm 000	Dort V I	ina 10
	Complete if the organization								
	Description of property	(a) Cost or ot			or other basis other)	d∈	Accumulated epreciation	(d) Bool	
1a	Land	·							
b	Buildings								
С	Leasehold improvements					ļ <u>.</u>			
ď	Equipment				34,373		31,022		3,351
е	Other	•			38,249		29,108		9,141
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part)	(, columi	n (B), line 10	Oc.)			12,492

Part VII	Investments — Other Securities Complete if the organization ans		rm 990, F	Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or categor (including name of security)		i	ok value	(c) Meth	od of valuation of-year market value
(1) Financia	I derivatives					
	held equity interests					
(3) Other						
(A)						
(B)						
(C)	******		<u> </u>		- 	
(D)						
(E)		•	ļ			
(F)			ļ			
(G)						
(H)	600 D					
	(b) must equal Form 990, Part X, col (B) line 12)		<u> </u>			
Part VIII	Investments—Program Related		000 5	S- 4 B7 P 4	14 - O - E	000 D- 4 V P 40
	Complete if the organization ans	wered "Yes" on Fo				
	(a) Description of investment		(b) Bo	ok value		od of valuation of-year market value
<u>(1)</u>						
(2)						
(3)						
(4)		<u> </u>				<u> </u>
_(6)			_			
_(7)						
(8)		·				
(9)	4)					
	(b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>				
Part IX	Other Assets.	word "Voo" on Eo	000 F		Idal Caa Farm	000 Dark V line 15
	Complete if the organization ans	a) Description	<u>mi 990, F</u>	art IV, line	i id. See Form	(b) Book value
						(b) Dook value
<u>(1)</u>						
(3)		·				 _
(4)						
(5)						
(6)						
(7)	-		_			
(8)						
(9)						
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			▶	
Part X	Other Liabilities.		-			
	Complete if the organization ans	wered "Yes" on Fo	rm 990, F	Part IV, line ¹	11e or 11f. See	Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal in	ncome taxes	_				
(2) Deferre	d compensation liability		12,000			
(3)						
(5)						
(6)						
(7)	 					
(8)						
(9)	000 E					
	(b) must equal Form 990, Part X, col (B) line 25) ▶	<u> </u>				
2. Liability for	r uncertain tax positions. In Part XIII, provi	de the text of the footr	ote to the	organization's	tinancial statemer	nts that reports the

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

Part	the state of the s		•	Return.	
1	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements			1	00.545.040
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				98,545,212
a	Net unrealized gains (losses) on investments	2a	1		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	98,545,212
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ĺ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	· · · · · · · · · · · · · · · · · · ·		
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	98,545,212
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	98,747,438
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	<i>.</i> .		3	98,747,438
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	<u></u>		
	Add lines 4a and 4b	-	 	-4c -	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	<u></u>	5	<u>98,747,438</u>
Part			. 07.1		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 15 and 2	b; Part V, Iir	ie 4; Part X, line
			*		
MPA d	oes not believe there are any material uncertain tax positions and accordingly	, will n	ot recognize any liabi	lity for unrec	ognized tax
benefit	s. MPA has filed for and received income tax exemptions in the jurisdictions	where	it is required to do so	. Additional	y, MPA has
		_			
liled In	ternal Revenue Service Form 990 tax returns as required and all applicable rel	urns i	n those jurisdictions v	where it is re	quired.

Schedule D (Fol	mm 990) 2015	Page 5
Part XIII	Supplemental Information (continued)	_

	•••••••••••••••••••••••••••••••••••••••	
	•	•

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States

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

▶ Attach to Form 990.

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

Inspection

•				_			
Prese			i	:			86-0662511
Part I General Information on Grants and Assistance	n on Grants and	Assistance		_			
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tain records to subs	stantiate the amou	ınt of the grants or	assistance, the g	rantees' eligibility for	the grants or assistance	
the selection of an IV the organization's proceeding for monitor	o award the grains	or assistance?					· · · Yes □ No
	Sejetanon s procedur	es for informing	the use of grant to	rids in the United	States.		
_	tor any recipient	that received m	ations and Don ore than \$5,000.	Part II can be d	lents. Complete it ti uplicated if addition	ne organization ansv ial space is needed.	or and sold during the design of the state of the state of the state of the state of the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(6) Amount of non- (1) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Marine Spill Response Corp.	1631671 63	(1)(2)(1)	000 000 10				
(2)		(4)(2) (2)	000,626,16				Oii Spiii Kesponse
(6)							
(4)							
(5)			-				
(9)				i 			
ω			-				
(8)		1					
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	on 501(c)(3) and gov	ernment organiza	tions listed in the li	ne 1 table			0
g	, see the Instruction	s for Form 990.		SO .	Cat No 50055P		Schedule I (Form 990) (2015)

1

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information determines to provide to grantee organizations. In connection with the submission of each grant request, grantee organizations also submit documentation as to how period, together with sufficient detailed information as to the costs and purposes of the items of expenses for which such funds are requested, in accordance with a the previous grant funds have been expended, the amount of unexpected funds the grantee organization then has on hand and an affirmative statement to the effect The complete name and mailing address of the organization listed in Part II is Marine Spill Response Corporation, 220 Spring Street, Suite 500, Herndon, VA 20170. mutually agreeable time schedule which will provide the Corporation sufficient opportunity to carefully review such requests and secure any funds the Corporation The purpose of providing grant funding to this organization is to maintain and increase existing capabilities for mitigating the environmental damage caused by oil The Corporation has defined the procedures for monitoring the use of grant funds to entities in the United States by requiring the execution of a grant agreement Corporation may request grantee organizations to provide an independent, third-party audit of specified past expenditures of funds granted by the Corporation. that stipulates such procedures. These include the requirement that grantee organizations provide the Corporation with requests for funds covering a specific that the previous period's grant funds have been expended for the items for which such funds were requested to the extent funded by the Corporation. The (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance spills within specified geographic areas determined by the Board of Directors of the Corporation. (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV 2 က 4 S 9

Schedule I (Form 990) (2015)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No 1545-0047

2015

Open to Public Inspection Employer identification number

	Preservation Association	86-06625	11		
Part	Questions Regarding Compensation				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regards			Yes	No
	 ✓ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence ☐ Payments for business use of permander of the pe	rsonal residence ation fees			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy or reimbursement or provision of all of the expenses described above? If "No," explain		1b	√	
2	Did the organization require substantiation prior to reimbursing or allowing expedirectors, trustees, and officers, including the CEO/Executive Director, regarding the 1a?		2	√	
3	Indicate which, if any, of the following the filing organization used to establish the comp organization's CEO/Executive Director. Check all that apply. Do not check any boxes for related organization to establish compensation of the CEO/Executive Director, but explain	r methods used by a			
	✓ Compensation committee ✓ Written employment contract ☐ Independent compensation consultant ✓ Compensation survey or study ☐ Form 990 of other organizations ✓ Approval by the board or compensation	nsation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with responding an interest organization or a related organization:	pect to the filing			
а	Receive a severance payment or change-of-control payment?		4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		1
С	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each	ch item in Part III.	4c		✓
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines are persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or compensation contingent on the revenues of:				
а	The organization?		5a_		
b	Any related organization?		5b		
6	If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or	accrue any			
	compensation contingent on the net earnings of:				
a	The organization?		6a 6b	├	
b	If "Yes" on line 6a or 6b, describe in Part III		00		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization payments not described on lines 5 and 6? If "Yes," describe in Part III		7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contrate to the initial contract exception described in Regulations section 53.4958-4(a)(3) in Part III	? If "Yes," describe	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption pro- Regulations section 53.4958-6(c)?		9		

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 on 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 (F) amounts for that including

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.	or eac	h listed individual must equal the	St equal the total amo	Te total amount of Form 990, Far	t VII, Section A, line 1	a, applicable columi	n (U) and (E) amounts	for that individual.
		(D) DIESKOOWII OI	W-Z and/or 1039-WIS	Compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	in column (B) reported as deferred on pnor Form 990
	()	240,000	67,500	18,425	54,400	27,170	407,495	
1 Brett Drewry, President & CEO	▣			-				
	9							
2	冟		ı	_				
	(i)							
3	(ii)							
	(i)							
4	(1)							
	(j)			_				
5	<u>(ii)</u>							
	(I)		-					!
9	(E)							
	8							
7	(E)							
	8							
8	€		-	_				
	8			— I				
6	€					i		
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15	(E)							
	8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
16	€							

Schedule J (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2015

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Marine Preservation Association	<u>86-0662511</u>
Reference core Form 990, Part VI, Section A, Line 6: The organization is organized as a non-profit corp	poration with
members. Members of the organization elect the members of the organization's governing body, but d	o not approve
significant decisions of the governing body, nor may receive a share of the organization's profits or ex	cess dues or a
share of the organization's net assets upon the dissolution of the organization.	
Reference core Form 990, Part VI, Section A, Line 7a: The organization has two classes of members, "	voting" and "non-
voting." The voting members are entitled to vote for the election of the organization's governing body	while the non-
voting members do not have these voting rights.	
Reference core Form 990, Part VI, Section B, Line 11b: The organization's governing body and/or com	mittees with the
authority to act on behalf of the governing body have reviewed and approved the information and data	contained within the Form 990,
including Parts I through III and VII through XII before filing. The Form 990 is prepared by MPA and rev	iewed by the President before filing.
Reference core Form 990, Part VI, Section B, Line 12c: On an annual basis, the organization distribute	
certification as to adherence to its conflict of interest policy. All directors, officers and employees are	subject to the
conditions of the policy and the annual certification requirement. Management monitors transactions	on an ongoing
basis for evidence of conflicts, and the organization is subject to annual audit of its financial statement	ts on a separate
basis by an independent auditing firm, the performance of which may also lead to the identification of	conflicts of interest.
Individuals suspecting violation of this policy are directed to report violations to the Chairperson of the	e organization's
Audit & Governance Committee. Should the suspected activity involve the committee chair, individual	s are directed to
report such violations to the Chairperson of the organization's Board of Directors. Upon confirmation	of the existence of
a conflict, the committee and then full Board reviews the transaction(s) in question in order to delibera	te and determine
the proper course of action. During such deliberations, the person(s) involved in the transaction(s) or	conflict(s) do not
participate in these final discussions and decision.	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
Marine Preservation Association	86-0662511
Reference core Form 990, Part VI, Section B, Lines 15a & 15b: Compensation for the President/CEO of the	organization
is reviewed and approved by the organization's Compensation Committee, comprised solely of independent	ent
directors of the organization's governing body. The process for determining the level of compensation in	cludes review
of similarly qualified individuals in functionally comparable positions of similarly situated organizations, i	ncluding, but not
limited to, comparability and reliance upon a compensation study performed by an independent consulting	g firm to
establish the compensation of the immediately preceding President/CEO of the organization. The results	of the
deliberations and decisions by the organization's Compensation Committee for such compensation arrangements	gements
are documented and ultimately reflected in a written employment agreement. The above process was last	1
completed for the current tax year. There were no other compensated officers or key employees of the or	ganization.
Reference core Form 990, Part VI, Section C, Line 19: The organization makes these documents available	to the public
upon request as required by law.	
<u></u>	
••	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Open to Public

2015

OMB No 1545-0047

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

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2015 Employer identification number Ŷ (f) Direct controlling Inspection Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes 86-0662511 (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Exempt Code section 501(c)(4) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state or foreign country) Tennessee (b) Primary activity Oil Spill Response (b)
Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) Marine. Spill Response. Corporation. 220. Spring. Street. Suite 500. (a) Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization Herndon. Virginia 20170. 62-1437621 Marine Preservation Association Name of the organization Partl Part II Ξ <u>N</u> ල € <u>©</u> 9 € 9

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8

Schedule R (Form 990) 2015

Section 512(b)(13) controlled entity? (k) Percentage ownership ŝ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? Yes No (h) Percentage ownership (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (g) (h)
Share of end-of- Disproportionate year assets allocations? ŝ (f) Share of total income Yes (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d) | Direct controlling entity Primary activity (c) Legal domicile (state or foreign country) Primary activity (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of (<u>a</u>) related organization Part III Part IV E <u>8</u> € ව 9 9 E Ξ 8 € 9 9 ପ୍ର

Schedule R (Form 990) 2015

Part V

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

				-	- 1	
	:		_	_	Yes	2
During the tax year, did the organization engage in any of the	Tollowing transactions with one or more related organizations listed in Parts II-IV?	ganizations listed in Part	S II–IV?	, ;	,	-].
	ıtıty			1a		\
b Gift, grant, or capital contribution to related organization(s)				q	<u> </u>	
c Gift, grant, or capital contribution from related organization(s)				ည		>
d Loans or loan quarantees to or for related organization(s)				7		,
e Loans or loan guarantees by related organization(s)				3 4		
		•		2	+	
() = - () =				-	-	٦.
I Dividends from related organization(s)	· · · · · · · · · · · · · · · · · · ·			#		\
g Sale of assets to related organization(s)				1g		>
h Purchase of assets from related organization(s)				두		
i Exchange of assets with related organization(s)				=		\
j Lease of facilities, equipment, or other assets to related organization(s)				;=		\
				\(\frac{1}{2}\)	11	
k Lease of facilities, equipment, or other assets from related organization(s)			•	¥		,
l Performance of services or membership or fundraising solicitations for related organization(s)	rganization(s)			=	+	. _
m Performance of services or membership or fundraising solicitations by related organization(s)	roanization(s)		•		+-	.
					+	<u>,</u>
				-		,
 Sharing of paid employees with related organization(s) 				10		`
				. M. J. W.		g Ç
p Reimbursement paid to related organization(s) for expenses				1p		\
q Reimbursement paid by related organization(s) for expenses				10	Ľ	\
			•	. <u> </u>	\$0 3.55	
r Other transfer of cash or property to related organization(s)			1	+		,
s Other transfer of cash or property from related organization(s)				= 4		<u> </u>
			-	2	-	_
z if the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	n who must complete this line, i	cluding covered relation	ships and transactio	on thres	polds	اند
(a)	(a)	(0)	(D)			
Name of related organization	ransaction type (a-s)	Amount involved	Method of determining amount involved	g amount i	nvolve	ס
(1) Marine Soill Response Corporation	q	\$97.929.000	\$97.929.000 Net Cash Grants			
<u> </u>						
(3)						
(4)						
						ı
(5)						
			Schedule R (Form 990) 2015	(Form §	90) 20	135
	_				1	,

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

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

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ganization. See	e instructions re	garding exclusi	on tor cen	ain investment pa	artnerships.				
(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(i) Code V—UBI	(I) General or	(k) Percentage
		country)	unrelated, excluded from tax under	501(c)(3) organizations?			allocations	of Schedule K-1 (Form 1065)	partner?	de la
			sections 512-514)	Yes No			Yes No	1	Yes No	
(1)				-						
(2)										
(6)										
(4)										
(5)										
(9)			-							
(i)										
(8)										
(6)										
(10)										
(11)			-							
(12)			-							
(13)										
(14)			-							
(15)			-							
(16)			-							
			-	-				Sche	dule R (For	Schedule R (Form 990) 2015

Part VII	Provide additional information for responses to questions on Schedule R (see instructions).
The Marine	Spill Response Corporation ("MSRC") has been reported as an organization related to the filing organization Marine
Preservation	n Association ("MPA") based upon the definition of control as provided within the instructions for Schedule R,
Related Org	anizations and Unrelated Partnerships. Under this definition, MPA is deemed to 'control', and hence deemed
to be the 'p	rent' of MSRC. MSRC is fully responsible for directing its own operational activities and functions independently
of MPA. Ho	wever, under their respective corporate organizational documents, MPA has the authority to elect and/or
remove a m	ajority of MSRC's directors. Under MPA's organizational documents, this authority is delegated to a special committee
comprised	of a designated subset of MPA directors who also meet certain citizenship eligibility criteria, as required by the
United Stat	es Shipping Act of 1916, as amended.