Ī	Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency
	specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.
	Scientiff Box in the Adobe 1 line dialog.
	PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

JUNE 30, 2016

Prepared for	NATIONAL MARINE SANCTUARY FOUNDATION 8601 GEORGIA AVENUE NO. 510 SILVER SPRING, MD 20910
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning $\;JUL\;\;1\;$, 2015, and ending $\;JUN\;\;30\;$,20 $\;16\;$

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Name of exempt organization Employer identification number

NATIONAL MARINE SANCTUARY FOUNDATION

94-3370994

Name and title of officer VELMA HART

CFO

Part I	Type of Return and Return Information	(Whole Dollars Only)
--------	---------------------------------------	----------------------

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	10,218,683.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
		_	•

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

X authorize GELMAN , ROSENBERG & FREEDMAN	to enter my PIN 24064
ERO firm name	Enter five numbers, t do not enter all zeros
as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.	• •
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.	-
Officer's signature ▶ Date ▶	

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52697498693 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2015)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Common or programmation Demployer identification number	<u>A</u>	For th	e 2015 calendar year, or tax year beginning 000 1, 2015 and 6	enaing i	JUN 30, 2010)
Display Dis	В	Check if applicab	C Name of organization		D Employer identif	ication number
Number and street (of P.D. tox II mails not delivered to Street address) Soundaries Sounda	Σ	Addre	NATIONAL MARINE SANCTUARY FOUNDATION			
Number and street (In*PLANON*) flat is not adulated to street adulated. Elephone number Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town state City or t					94-3	370994
		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
City or town, state or province, country, and 2/P or foreign postal code G Gooss revelets \$ 1.19 / 1.19 / 1.18 \		Final	, 8601 GEORGIA AVENUE		301-	608-3040
STLVER SPRING, MD 20910		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,197,168.
Start and address of principal officer.KRISTEN J. SARRI for subordinates? vise X No No ARX No AR		Amen return			H(a) Is this a group	eturn
SAME AS C ABOVE		Application	F Name and address of principal officer: KRISTEN J. SARRI		-	
Taxewampet statuse: XI 501(c)(3) 501(c)(1) 40 (insert no.) 4947(a)(1) or 527		pendi			l .	—
Website: WWW. MARTNESANCTUARY.ORG Htc Group exemption number Name of organization: X Corporation: Trust Association Other Lyear of formation: 2000 M State of legal domicile: MI Part Summary	$\overline{\Gamma}$	Тах-ех		r 52	- 1	
Part Summary 1 Briefly describe the organization: X Department Department X Department Depa					┥,	
Briefly describe the organization's mission or most significant activities: SEE PART TIT, LINE 1. 2				I Veal		
Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.				L roa	Torrormation: 2000	VI Otate of legal dofficite, 222
2 Check this box		$\overline{}$		PART	TTT LINE 1.	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	če	'	bliefly describe the organization's mission of most significant activities.			<u>'</u>
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	nar		Check this have	ad of mou	ro than OEO/ of its not a	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	Ver					
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	Ĝ	1 .				
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	∞					
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	ties	I -				1
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	⋛		, , , , , , , , , , , , , , , , , , , ,			
8 Contributions and grants (Part VIII, line 1h) 20 9,944 7,727 10,725,102 9,944 7,727 10,725,102 9,944 7,727 10,725,102 9,944 7,727 10,725,102 9,944 7,727 10,725,102 10,72	Ac					
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 38 No04, 197, 7, 564, 834. 39 Revenue less expenses. Subtract line 21 from line 20 30 Notal assets (Part X, line 26) 30 Notal assets (Part X, line 26) 30 Notal assets (Part X, line 26) 31 Notal isabilities (Part X, line 26) 32 Notal assets (Part X, line 26) 33 Notal Revenue less expenses (Part X, line 26) 34 Notal Revenue less expenses. Subtract line 21 from line 20 35 Notal Revenue less expenses. Subtract line 21 from line 20 36 Notal Revenue less expenses. Subtract line 21 from line 20 36 Notal Revenue less expenses. Subtract line 21 from line 20 36 Notal Revenue less expenses. Subtract line 21 from line 20 37 Notal		b	Net unrelated business taxable income from Form 990-T, line 34	·····		
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (A), line 11e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total ilabilities (Part X, line 26) 22 Intal assets (Part X, line 26) 23 Total labilities (Part X, line 26) 24 Net assets or fund balances. Subtract line 21 from line 20 25 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 26 Primt' I Signature Block 27 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 28 Preparer 29 Firm's name				_		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ne	8				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	/en	9	•			· · · · · · · · · · · · · · · · · · ·
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Ŗ	10				24,807.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,542,388 1,347,969 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 0 0 0 0 0 0	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			222,686.
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1, 915, 185, 2, 237, 289, 16a Professional fundraising ees (Part IX, column (D), line 25) 5 Total fundraising expenses (Part IX, column (D), line 25) 82, 307, 289, 282, 307, 289, 282, 307, 382, 307, 382, 307, 382, 309, 382, 309, 382, 309, 382, 309, 382, 309, 382, 309, 392, 392, 392, 392, 392, 392, 392, 39		_				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,915,185 2,237,289 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 17 Other expenses (Part IX, column (A), line 25) 82,307 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,024,143 10,483,352 19 Revenue less expenses. Subtract line 18 from line 12 563,321 -264,669 20 Total assets (Part X, line 16) 8,541,653 8,099,755 21 Total liabilities (Part X, line 26) 537,456 534,921 22 Net assets or fund balances. Subtract line 21 from line 20 8,004,197 7,564,834 Part II Signature Block Signature Block Print/Type preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer Signature Print/Type preparer's name Preparer's signature Print/Type pre		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
16a Professional fundraising fees (Part IX, column (A), line 11e)						
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total assets (Part X, line 16) Total assets (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances. Subtract line 21 from line 20 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329488 Pol 1329488 Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329408 Phone no. (301) 951–9090	es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot\cdot}$			
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total assets (Part X, line 16) Total assets (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances. Subtract line 21 from line 20 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329488 Pol 1329488 Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329408 Phone no. (301) 951–9090	šuš	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
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19 Revenue less expenses. Subtract line 18 from line 12 563,321264,669. Beginning of Current Year End of Year 8,541,653. 8,099,755. 537,456. 534,921. 7 total liabilities (Part X, line 26) 537,456. 534,921. 7 total liabilities (Part X, line 26) 8,004,197. 7,564,834. Part II Signature Block Signature Block Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Print/Type preparer's name Preparer's signature Print/Type preparer's name	Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current Year 8, 541, 653 8, 099, 755 8, 0		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090		19	Revenue less expenses. Subtract line 18 from line 12		563,321.	-264,669.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	JO S	3		В		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	sets	20	Total assets (Part X, line 16)			8,099,755.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	t As	21	Total liabilities (Part X, line 26)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		8,004,197.	7,564,834.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090			Signature Block			
Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name	Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stater	ments, and to the best of n	ny knowledge and belief, it is
Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich prepare	er has any knowledge.	
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Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090			▶ VELMA HART, CFO			
Paid AMY BOLAND			Type or print name and title			
Paid AMY BOLAND ff pol 1329488 Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN ► 52-1392008 Use Only Firm's address 4550 MONTGOMERY AVE SUITE 650N Phone no. (301) 951-9090			Print/Type preparer's name Preparer's signature		Ollook	PTIN
Preparer Use Only Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	Pai	d				yed P 01329488
Use Only Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	Pre	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN			
BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	Use	Only				
						301) 951-9090
	Ma	y the I				

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: NMSF'S MISSION IS TO ENHANCE NATIONAL MARINE SANCTUARIES IN THEIR GOAL
	TO PROTECT ESSENTIAL MARINE AREAS AND TO ENSURE A HEALTHY OCEAN.
	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,669,220 • including grants of \$ 332,488 •) (Revenue \$
	NOAA COOPERATIVE AGREEMENT: SUPPORT FOR PUBLIC AWARENESS AND
	EDUCATIONAL PROGRAMS RELATING TO NATIONAL MARINE SANCTUARIES; OUTFITTING VISITOR CENTERS WITH STATE OF THE ART EXHIBITS; CONNECTING
	THE NETWORK OF VISITORS TO AQUARIA AND VISITORS CENTERS VIA TECHNOLOGY;
	DEVELOPING NATIONAL AND REGIONAL EDUCATIONAL OPPORTUNITIES FOR STUDENTS
	AND FAMILIES; FACILITATING SANCTUARY MANAGEMENT PROCESSES; AND HOLDING
	A POLICY-FOCUSED SYMPOSIUM.
4b	(Code:) (Expenses \$1,384,411. including grants of \$418,240.) (Revenue \$
	AND THEIR EDUCATIONAL, SCIENTIFIC AND OUTREACH EFFORTS.
	IND THE REPORTED AND FORMALL TO THE CONTROL OF THE
4-	(Code:) (Expenses \$ 861,572 • including grants of \$ 489,334 •) (Revenue \$)
4c	(Code:) (Expenses \$ 861,572 including grants of \$ 489,334) (Revenue \$ 1N PARTNERSHIP WITH NOAA NATIONAL MARINE FISHERIES SERVICE, NMSF
	DEVELOPS AND IMPLEMENTS MARINE EDUCATION AND OUTREACH PROJECTS -
	RANGING IN SCOPE FROM NATIONAL, INTERNATIONAL, REGIONAL, TO
	SITE-SPECIFIC, AND RANGING IN PARTNERS ACROSS PUBLIC AND PRIVATE
	ORGANIZATIONS - DESIGNED TO PROMOTE AWARENESS AND UNDERSTANDING OF MARINE SPECIES AND HABITATS, INCLUDING SANCTUARY SITES, SANCTUARY
	RESOURCES, THREATENED AND ENDANGERED SPECIES AND THEIR HABITATS, MARINE
	MAMMALS, FISHERIES AND FISH HABITATS.
	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ 733,857 • including grants of \$ 107,907 •) (Revenue \$ 43,859 •)
4e	Total program service expenses ► 8,649,060.
	Form 990 (2015

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)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		x
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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		Х
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,	44-	х	
L	Part VI	11a	Λ	
ь	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		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	441	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	71	
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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		х
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		Х
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		Х
		_	OOO.	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	Х	
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		Х
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	X	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		054		x
00	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,"			X
	complete Schedule L, Part II	26		
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			\ _{3,7}
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		X
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		,		

Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Part		Check if Schedule O contains a response or note to any line in this Part V			Ш
b Enter the number of Forms W2G included in line 1a. Enter of Find applicable				Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (againstation comply) with backup withholding rules for reportable payments to vendors and reportable gaming (againstance) and the provided of the calendar year ending with or within the year covered by this return 2	1a				
a Either 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 1	b	Litter the humber of Forms w-2d included in line 1a. Effect of infocuspillation	<u> </u>		
2a Effet 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 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) 3a I bit the organization have unreliable business greas income of \$1,000 or more during the year? 3a X X b if "Yes," has if filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O 3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account; (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b I was the organization and party to a prohibited that was or is a party to a prohibited at shelter transaction? 5c I "Yes," to line 5a or 5b, did the organization file Form 888-817 6a Does the organization have namulal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c I was if the organization receive a payment in excess of \$f\$ made party as a contribution and party for goods and services provided? 7c I was if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d I was explained to the number of Forms 8282 filed during the year 9 Did the organization seleved any funds, direct	С			٠,,	
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If 'Yes,' to line 5 aor 5b, did the organization file Form 8886-17 6 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? 6 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization review a payment in excess of \$55 made partly as a contribution and partly for goods and services provided to the payor? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 12 If the organization make any taxable distributions under section 4966? 13 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organization make any taxable distributions under section 4966? 14 Did the sponsoring organization make any taxable distributions under section 4966? 15 Section 501(c)(12) organizations. Enter: 16 If Yes, enter the amount of tax-exempt interest received or accrued during the year. 17 Interest the amount of the organization interest received or accrued during the year. 18 Section 501(c)(12) organizations. Enter: 19 If Yes, enter the amount of reserves the organization in rome than one	52		52		x
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	12a		12a		
a 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. 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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a I X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		,_			
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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Section 501(c)(29) qualified nonprofit health insurance issuers.			
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 Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					7.5
				<u> </u>	X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		. 000	(00:5

5

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Х	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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," describe	40-	Х	
10	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13 14	X	
14	Did the organization have a written document retention and destruction policy?	14	- 21	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
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		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA, FL, GA, HI, MD, MA, MI, NY, VA	, WA	, NC	,SC
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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 interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	VELMA HART - 301-608-3040			
	8601 GEORGIA AVE, SUITE 501, SILVER SPRING, MD 20910			

532006 12-16-15

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

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

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

(1) BOB TALBOT CHAIRMAN (2) DAWN MARTIN TREASURER (3) FRED KEELEY TRUSTEE UNTIL MAY, 2016 (4) RICHARD BEN-VENISTE TRUSTEE (5) STEPHEN COAN TRUSTEE (6) JAMES LJ. CONNAUGHTON TRUSTEE	urs per week st any ours for elated nizations	box, offic		s per	son is	s both	n an	compensation from	compensation from related	amount of
(1) BOB TALBOT CHAIRMAN (2) DAWN MARTIN TREASURER (3) FRED KEELEY TRUSTEE UNTIL MAY, 2016 (4) RICHARD BEN-VENISTE TRUSTEE (5) STEPHEN COAN TRUSTEE (6) JAMES LJ. CONNAUGHTON TRUSTEE (7) ANDY KARSNER	ours for elated	or directo		- 1		s both an /trustee)				other
CHAIRMAN (2) DAWN MARTIN TREASURER (3) FRED KEELEY TRUSTEE UNTIL MAY, 2016 (4) RICHARD BEN-VENISTE TRUSTEE (5) STEPHEN COAN TRUSTEE (6) JAMES LJ. CONNAUGHTON TRUSTEE (7) ANDY KARSNER	oelow line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(2) DAWN MARTIN TREASURER (3) FRED KEELEY TRUSTEE UNTIL MAY, 2016 (4) RICHARD BEN-VENISTE TRUSTEE (5) STEPHEN COAN TRUSTEE (6) JAMES LJ. CONNAUGHTON TRUSTEE (7) ANDY KARSNER	1.00	,,		.,				0		0
TREASURER (3) FRED KEELEY TRUSTEE UNTIL MAY, 2016 (4) RICHARD BEN-VENISTE TRUSTEE (5) STEPHEN COAN TRUSTEE (6) JAMES LJ. CONNAUGHTON TRUSTEE (7) ANDY KARSNER	1 00	Х		Х				0.	0.	0.
(3) FRED KEELEY TRUSTEE UNTIL MAY, 2016 (4) RICHARD BEN-VENISTE TRUSTEE (5) STEPHEN COAN TRUSTEE (6) JAMES LJ. CONNAUGHTON TRUSTEE (7) ANDY KARSNER	1.00	3,7		Ψ,				0	0	0
TRUSTEE UNTIL MAY, 2016 (4) RICHARD BEN-VENISTE TRUSTEE (5) STEPHEN COAN TRUSTEE (6) JAMES LJ. CONNAUGHTON TRUSTEE (7) ANDY KARSNER	0 50	Х		Х				0.	0.	0.
(4) RICHARD BEN-VENISTE TRUSTEE (5) STEPHEN COAN TRUSTEE (6) JAMES LJ. CONNAUGHTON TRUSTEE (7) ANDY KARSNER	0.50	7,						0	0	0
TRUSTEE (5) STEPHEN COAN TRUSTEE (6) JAMES LJ. CONNAUGHTON TRUSTEE (7) ANDY KARSNER	0 E0	Х		_				0.	0.	0.
(5) STEPHEN COAN TRUSTEE (6) JAMES LJ. CONNAUGHTON TRUSTEE (7) ANDY KARSNER	0.50	7,						0	0	0
TRUSTEE (6) JAMES LJ. CONNAUGHTON TRUSTEE (7) ANDY KARSNER	0.50	Х						0.	0.	0.
(6) JAMES LJ. CONNAUGHTON TRUSTEE (7) ANDY KARSNER	0.50	х						0.	0.	0.
TRUSTEE (7) ANDY KARSNER	0.50	Δ						0.	0.	0.
(7) ANDY KARSNER	0.50	х						0.	0.	0.
	0.50	Λ		\dashv				0.	0.	<u></u>
	0.50	х						0.	0.	0.
	0.50	22						0 •	0.	<u></u>
TRUSTEE	0.50	х						0.	0.	0.
	0.50			\dashv				•	•	
TRUSTEE	0.50	х						0.	0.	0.
	0.50									
TRUSTEE	-	х						0.	0.	0.
	0.50							<u> </u>		
TRUSTEE		х						0.	0.	0.
(12) STEVE GAINES	0.50									
TRUSTEE		х						0.	0.	0.
(13) B. HOLT THRASHER	0.50									
TRUSTEE		Х						0.	0.	0.
(14) ADAM LOWRY	0.50									
TRUSTEE		Х						0.	0.	0.
(15) JASON PATLIS 4	0.00									
PRESIDENT & CEO UNTIL APRIL 30,2016				Х				151,731.	0.	21,467.
(16) ALLISON ALEXANDER 4	0.00									
VICE PRESIDENT										
(17) TED LILLESTOLEN 4				Х				83,859.	0.	20,457.
PRESIDENT & CEO SINCE MAY 2ND,2016	0.00			X X				83,859.	0.	20,457.

532007 12-16-15

____Page **8**

Section A. Officers, Directors, Trus		ploy	ees	_		ghe	st (es (continued)			
(A)	(B)			((-			(D)	(E)		(F)	
Name and title	Average		not c		more	than			Reportable		stimat	
	hours per week					is bot or/trus		1 '	compensation from related	ar	nount other	
	(list any	tor						from the	organizations	con	npens	
	hours for	direc.				pa		organization	(W-2/1099-MISC)		rom th	
	related	stee o	ustee			ensat		(W-2/1099-MISC)		orç	ganiza	tion
	organizations below	al trus	onal tr		loyee	comp					d rela	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			org	anizat	ions
	,	트	드	5	<u>\$</u>	포늄	꾼			+		
										_		
		_										
1b Sub-total							>	235,590.	0		1,9	24.
c Total from continuation sheets to Part VI	I, Section A							0.	0		4 ^	0.
d Total (add lines 1b and 1c)								235,590.	0	• 4	1,9	24.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wł	no r	received more than \$100	0,000 of reportable			1
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		163	140
line 1a? If "Yes," complete Schedule J for s	uch individual									3		Х
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot	ther compensation from				
and related organizations greater than \$150										4	Х	
5 Did any person listed on line 1a receive or a	=				-					_		X
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scheaui	е Ј т	or si	ucn	pers	son .				. 5		Λ
Complete this table for your five highest co	mnensated inc	dene	ende	nt c	onti	racto	ors :	that received more than	\$100,000 of compe	nsation	from	
the organization. Report compensation for										ioation		
(A)	,							(B)			C)	
Name and business	address							Description of s	ervices	Compe	nsatio	n
SARAH MARQUIS						1.0		20				
4 ALICANTE AISLE IRVINE,	IRVINE	, (ĴΑ	9.	46.	<u> 14</u>		CONSULTING F	EES		2,9	30.
								l	1			

Form **990** (2015)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Check if Schedule O cont	ains a response	e or note to any lin	e in this Part VIII			
			•	j	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
1 t	1 a	Federated campaigns	1a	14,158.				312 314
an		Membership dues						
آڅ څ		Fundraising events						
ifts ar A		Related organizations						
s, B		Government grants (contribut		7,791,688.				
Sign		All other contributions, gifts, gran	· ·	, , ,				
he	·	similar amounts not included abo		2,138,881.				
들진	a	Noncash contributions included in lines		, , ,				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			9,944,727.			
_		Totall / Gall /		Business Code	, , ,			
g.	2 a	REGISTRATION FEES		900099	26,463.	26,463.		
ار _ک ک	b				, -	,		
Se	c							
an eve	d							
Program Service Revenue	e		_					
<u>ہ</u>	f	All other program service reve	enue					
	q	Total. Add lines 2a-2f			26,463.			
	3	Investment income (including			,			
		other similar amounts)		I	22,792.			22,792.
	4	Income from investment of ta			,			,
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	- V					
	b	Less: rental expenses						
		Rental income or (loss)						
		. Ntt-1 ! (1)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	-	assets other than inventory	976,246	- '				
	b	Less: cost or other basis						
		and sales expenses	974,231	.				
	С	Gain or (loss)	2,015					
		Net gain or (loss)			2,015.			2,015.
ō		Gross income from fundraisin			•			
		including \$ of						
eve		contributions reported on line	1c). See					
ت π		Part IV, line 18	•	ı				
Other Reven	b	Less: direct expenses		,				
0		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19		n				
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		26,446.				
	b	Less: cost of goods sold	4,254.					
		Net income or (loss) from sale			22,192.	22,192.		
		Miscellaneous Revenu		Business Code				
	11 a	REIMBURSEMENTS		900099	147,247.			147,247.
	b	ADMINISTRATIVE FEES		900099	53,247.			53,247.
	С	:						
	d	All other revenue						
		Total. Add lines 11a-11d			200,494.			
	12	Total revenue See instructions			10 218 683.	48 655.	0.	225 301.

532009 12-16-15

Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, 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	1 245 262	·		
	and domestic governments. See Part IV, line 21	1,347,969.	1,347,969.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	300,625.	201,410.	00 761	0 151
_	trustees, and key employees	300,023.	201,410.	89,764.	9,451.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,526,355.	1,022,614.	455,758.	47,983.
7	Other salaries and wages	1,340,333.	1,044,014.	400,100.	41,303
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,872.	17,334.	7,725.	813.
•		224,443.	150,370.	67,017.	7,056.
9	Other employee benefits	159,994.	107,191.	47,773.	5,030
10	Payroll taxes	133,334.	107,151.	47,775	3,030
11					
b	Management	27,396.		27,396.	
	Legal	52,791.		52,791.	
	Lobbying	3277320		3277320	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	3,505,452.	3,036,389.	465,178.	3,885
12	Advertising and promotion	36,044.	31,221.	4,783.	3,885.
13	Office expenses	319,399.	247,639.	68,406.	3,354
14	Information technology	139,085.	24,691.	113,653.	741
15	Royalties		-		
16	Occupancy	368,612.	246,982.	121,630.	
17	Travel	537,730.	482,401.	53,499.	1,830.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	184,700.	159,985.	24,510.	205
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	109,006.	107,651.	1,355.	
23	Insurance	17,795.		17,795.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	VECCET ODEDANTONC	435,615.	435,615.		
a b	EVENTS AND CATERING	423,522.	366,851.	56,202.	469.
c	VIDEO/MEDIA PRODUCTION	195,614.	169,439.	25,958.	217.
d	EQUIPMENT	154,975.	145,873.	9,102.	
	All other expenses	390,358.	347,435.	41,690.	1,233.
25	Total functional expenses. Add lines 1 through 24e	10,483,352.	8,649,060.	1,751,985.	82,307
<u> </u>	Joint costs. Complete this line only if the organization	-	-	-	<u> </u>
	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			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,706,456.	1	1,417,991
2	Savings and temporary cash investments	72,991.	2	127,053
3	Pledges and grants receivable, net	868,983.	3	604,439
4	Accounts receivable, net	88,184.	4	611,863
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		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 instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	324.	9	20,933
	a Land, buildings, and equipment: cost or other	<u> </u>		
'0'	basis. Complete Part VI of Schedule D			
١,	b Less: accumulated depreciation 10b 361,422.	108,606.	10c	15,300
11	Investments - publicly traded securities	5,689,444.	11	5,204,408
12	Investments - other securities. See Part IV, line 11	3,003,1111	12	89,168
13	Investments - other securities, see Fart IV, line 11		13	05,120
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	6,665.	15	8,600
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,541,653.	16	8,099,755
17	Accounts payable and accrued expenses	516,127.	17	518,020
18	Grants payable	320,227	18	310,010
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21			21	
	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
22	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	21,329.	25	16,901
26	Total liabilities. Add lines 17 through 25	537,456.	26	534,921
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
,	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	5,856,140.	27	4,852,462
28	Temporarily restricted net assets	2,148,057.	28	2,712,372
29	Permanently restricted net assets		29	
27 28 29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
;	and complete lines 30 through 34.			
30 31 32	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	8,004,197.	33	7,564,834
34	Total liabilities and net assets/fund balances	8,541,653.	34	8,099,755

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	10,21		
3		3	-26		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,00		
5	Net unrealized gains (losses) on investments	5	-15		
6	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6		-, -	
7		7			
8		8			
9	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	9	-20,00		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	- 9		0,0	•••
10		10	7,56	4 8	34.
Pai	t XII Financial Statements and Reporting	10	,,,,	- / -	
	Check if Schedule O contains a response or note to any line in this Part XII				
	Chook in Contocuto C Contains a response of hote to any line in this rate Air			Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94 - 3370994

Da	-t I	December Dublic	Charity Status	A.II			· · · ·			
Pa		Reason for Public								
	organ	ization is not a private found		•	-	-				
1		A church, convention of ch					1)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative					-			
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,		
_		city, and state:								
5		An organization operated for		llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in		
_		section 170(b)(1)(A)(iv). (C	· ·							
6	v	A federal, state, or local go	-							
7	X	An organization that norma	-	intial part of its support	from a gov	ernmental	unit or from the general	public described in		
_		section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust describe								
9		An organization that norma	•	•	•					
		activities related to its exen		·	,		• • • • • • • • • • • • • • • • • • • •	•		
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	lired by the organization	aπer June 30, 1975.		
40		See section 509(a)(2). (Con	' '		-f-t C	! F(20/-1/4)			
10	H	An organization organized	•	•	•			numpees of one or		
11		An organization organized a	· ·	•	•		•			
		more publicly supported or lines 11a through 11d that						SHECK THE DOX III		
а		Type I. A supporting orga				-	· · · · · ·	, aivina		
a		the supported organization	· · · · · · · · · · · · · · · · · · ·	•		•				
		organization. You must o			a majority	or trie dire	ctors or trustees or the s	supporting		
h		Type II. A supporting org			tion with it	ts sunnort	ed organization(s), by ha	vina		
		control or management o	· · · · · · · · · · · · · · · · · · ·					-		
		organization(s). You mus			arrio poroc	3110 11101 01	ontrol of manage the sup	portod		
c		Type III functionally inte	- · · · · · · · · · · · · · · · · · · ·		in connec	tion with	and functionally integrate	ed with		
Ū		its supported organizatio	-				• •	od Willi,		
d		Type III non-functionally						zation(s)		
		that is not functionally int								
		requirement (see instruct	-		-		•			
е		Check this box if the orga	•	· ·						
		functionally integrated, or), , ,, , , , , , , , , , , , , , , , ,			
f	Ente	er the number of supported o	* *							
g	Prov	vide the following information	n about the supporte							
	(i) Name of supported	(ii) EIN	. , ,.	(iv) Is the o	rganization in your	(v) Amount of monetary	(vi) Amount of		
		organization		(described on lines 1-9 above (see instructions))	governing	document?	support (see	other support (see		
				above (555 mondenome))	Yes	No	instructions)	instructions)		
- Tota	ı									

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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.)

Sec	ction A. Public Support		•	,			
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	(-,	(-, : -	(-/ : :	(-) =	(-/	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	6,714,102.	7,325,454.	7,415,881.	10,725,102.	9,944,727.	42,125,266.
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3	6,714,102.	7,325,454.	7,415,881.	10,725,102.	9,944,727.	42,125,266.
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 from line 4.						42,125,266.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	6,714,102.	7,325,454.	7,415,881.	10,725,102.	9,944,727.	42,125,266.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	148,411.	187,309.	181,191.	48,832.	22,792.	588,535.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,321.	17,568.	16,125.	59,587.	200,494.	298,095.
11	Total support. Add lines 7 through 10						43,011,896.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	283,377.
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor						<u></u>
	ction C. Computation of Publ						0.7.04
	Public support percentage for 2015 (14	97.94 %
	Public support percentage from 2014					15	97.96 %
16a	33 1/3% support test - 2015. If the o	· ·		,		•	
	stop here. The organization qualifies	as a publicly supp	orted organization				<u> </u>
b	o 33 1/3% support test - 2014. If the o	· ·		,		•	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2015

532022 09-23-15

Part III | 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.)

Se	ction A. Public Support	, i	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2015 (I					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u> </u>
198	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						·
70	Private tolingation if the organization	D DIO DOT CDACK 3	$nnv \cap n = n \cap 1/1 = 10$	n ar iun chackt	THE DAY SHA CAA IN	CITIOTIONS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- **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.
- **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.
- 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)? 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 I of Schedule L (Form 990 or 990-EZ).
- 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**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **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.)

	Yes	No
1		
2		
3a		
- Ou		
3b		
3с		
4a		
4b		
4-		
4c		
F		
5a		
5b		
5c		
6		
7		
8		
9a		
<u>.</u>		
9b		
9с		
4.5		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
	(SOMMON)		Yes	No
11	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		
С	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		
	tion 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		
Sec	tion 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		
Sec	tion 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		
Sec	tion 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 yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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 exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	. ugo o
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970. See instr i	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	y-integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	•
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			_
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
о a	DICARGOWITOT IIITE 7.			
b				
	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2015

d Excess from 2014e Excess from 2015

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

NATIONAL MARINE SANCTUARY FOUNDATION

94-3370994

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	ly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> e, etc., contributions totaling \$5,000 or more during the year				
but it mu	st answer "No" on l	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$9,269.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 15,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,522.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 38,076.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,500.	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$11,845.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 25,120.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ 7,425.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$10,000.	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,500.	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ <u>12,165.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$6,000.	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ <u>7,746,688</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ 45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	- Humo, dudi coo, dira Zir 11	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

NATIONAL MARINE SANCTUARY FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions) (d) Date rec		
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		 \$		

Name of organization Employer identification number NATIONAL MARINE SANCTUARY FOUNDATION 94-3370994 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

OMB No. 1545-0047

2015

Open to Public

Open to Public Inspection

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	ee separate instructions), then				
● Se	ction 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name	of organization			Em	nployer identification number
		L MARINE SANCTUAR			94-3370994
Part	I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527	organization.
1 P	rovide a description of the organiz	zation's direct and indirect politica	al campaign activities	in Part IV.	
2 P	olitical expenditures			>	· \$
3 V	olunteer hours				
Part	I-B Complete if the org	ganization is exempt unde	er section 501(c)		
		incurred by the organization under			· \$
		incurred by organization manage			
		on 4955 tax, did it file Form 4720 f			
4a ₩	as a correction made?				Yes No
b If	"Yes," describe in Part IV.				
Part	I-C Complete if the org	ganization is exempt unde	er section 501(c)		
	, ,	d by the filing organization for sec	•	***************************************	•\$
2 E	nter the amount of the filing organ	nization's funds contributed to oth	er organizations for se	· ·	
					•\$
	· ·	s. Add lines 1 and 2. Enter here ar		,	
lir	ne 17b			>	\$
4 D	id the filing organization file Form	1120-POL for this year?			Yes No
	· ·	nployer identification number (EIN		•	• •
		ation listed, enter the amount paid	0 0		•
	•	omptly and directly delivered to a		•	arate segregated fund or a
p		additional space is needed, provi	1		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron	` '
				filing organization's funds. If none, enter -0	
				lanas. Il rione, enter v	delivered to a separate
					political organization.
					If none, enter -0
				-	
				-	
				1	

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041

	dule C (Form 990 or 990-EZ) 2015	NATIO:	NAL MA	RINE SANCTU	ARY FOUNDAT	ION 94-3	370994 Page 2
Par	t II-A Complete if the org	ganizatio	on is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768(e	election under
A Ch	neck if the filing organiza	tion belon	gs to an affi	liated group (and list ir	n Part IV each affiliated	group member's nan	ne, address, EIN,
	expenses, and sha		•	•			, ,
B Ch	neck if the filing organiza	tion check	ed box A ar	nd "limited control" pro	ovisions apply.		
			oying Expe leans amou	nditures ınts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	Total lobbying expenditures to infl	uence pub	lic opinion (grass roots lobbying)			
	Total lobbying expenditures to infl	-					
	Total lobbying expenditures (add I						
	Other exempt purpose expenditur						
	Total exempt purpose expenditure						
	Lobbying nontaxable amount. Ent						
Ė	If the amount on line 1e, column (a)			bying nontaxable am			
	Not over \$500,000), (b) io.		the amount on line 1e.			
	Over \$500,000 but not over \$1,00	0.000		00 plus 15% of the exc			
	Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
	Over \$1,500,000 but not over \$17			00 plus 5% of the exce			
	Over \$17,000,000	,000,000	\$1,000,0	•	1,000,000.		
ı	στοι φτ <i>τ</i> ,σσσ,σσσ		Ψ1,000,				
a	Grassroots nontaxable amount (er	nter 25% o	f line 1f)				
	Subtract line 1g from line 1a. If zer						
	Subtract line 1f from line 1c. If zero						
	If there is an amount other than ze						
•	reporting section 4911 tax for this					[Yes No
	(Some organizations t	-	4-Year Ave	eraging Period Under	section 501(h)		pelow.
		See	the separ	ate instructions for li	nes 2a through 2f.)		
		Lobi	ying Expe	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a)	2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
	Lobbying nontaxable amount						
b	Lobbying ceiling amount						
	(150% of line 2a, column(e))						
с	Total lobbying expenditures						
	Organizata nanteuakla amazumi						
	Grassroots nontaxable amount Grassroots ceiling amount						
е	(150% of line 2d, column (e))						
	(10070 Of liftle Zu, Coluitiit (e))						

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2015 NATIONAL MARINE SANCTUARY FOUNDATION 94-337099

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?		X			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
c Media advertisements?		X			
d Mailings to members, legislators, or the public?	X				
e Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?		Х	ļ.,		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		-	1,544.	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i Other activities?		X	ļ .	1 - 7 4	
j Total. Add lines 1c through 1i		37	-	1,544.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
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					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	 F01/a\	(F) 0 11 0 1			
Part III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)	(a), or se	ection		
			Yes	No	
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? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4). 	on 501(c)	2 3 (5), or se		2 io	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 	on 501(c) I "No," O	2 3 (5), or se R (b) Par		ne 3, is	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members 	on 501(c) I "No," O	2 3 (5), or se R (b) Par		ne 3, is	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 	on 501(c) I "No," O	2 3 (5), or se R (b) Par		ne 3, is	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 	ion 501(c) I "No," O	2 3 (5), or se R (b) Par		ne 3, is	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 	ion 501(c) I "No," O	2 3 (5), or se R (b) Par		ne 3, is	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year 	ion 501(c) i "No," O	2 3 (5), or se R (b) Par 1 2a 2b		ne 3, is	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	ion 501(c) i "No," O	2 3 (5), or se R (b) Par 1 2a 2b 2c		ne 3, is	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ion 501(c) i "No," Ol ical	2 3 (5), or se R (b) Par 1 2a 2b 2c		ne 3, is	
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SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94 - 3370994

Pa	t I Organizations Maintaining Donor Advised		or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		·
		(a) Donor advised funds	(b) Fur	nds 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	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's ex	•		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or o			
			ū	Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of a hist	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifier	d conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c	
d	Number of conservation easements included in (c) acquired aft	er 8/17/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release			n during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ment is located >		
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	servation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	tion easeme	nts during the year
	▶ \$			
8	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)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organiza	tion's accounting for
_	conservation easements.			
Pa	t III Organizations Maintaining Collections of		ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under SFAS 116 (ASC			
	historical treasures, or other similar assets held for public exhib	,	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe			
b	If the organization elected, as permitted under SFAS 116 (ASC			
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	blic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$
_				\$
2	If the organization received or held works of art, historical treas	•	ıı gaın, provid	ie
	the following amounts required to be reported under SFAS 116	-		Φ.
a	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2015

Pai	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Simi	lar Asse	ts (contin	ued)		
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significan	t use of its	collection	items		
	(check all that apply):									
а	Public exhibition	d	Loan or excl	nange programs						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o		•	•		_	_			
	to be sold to raise funds rather than to be ma						Yes	No_		
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	-	ete if the organizatio	n answered "Yes" o	n Form 99	90, Part IV,	line 9, or			
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets no	t included	t	_			
	on Form 990, Part X?					L	Yes	└── No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			,				
							Amount			
	Beginning balance									
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance				1f		,			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	istodial account liab	oility?	L	Yes	☐ No		
$\overline{}$	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i				1					
		(a) Current year	(b) Prior year			years back		years back		
	Beginning of year balance	5,761,725.	5,801,982.	5,474,586.	<u> </u>	461,187.	5,	433,500.		
b	Contributions			81,088.	 	603,281.		1,000.		
	Net investment earnings, gains, and losses	-66,296.	134,744.		†	655,087.		-35,479.		
d	Grants or scholarships	150,000.	100,000.	100,000.		120,000.		100,000.		
е	Other expenditures for facilities									
	and programs	124,800.	75,000.	375,000.				3,850.		
f	Administrative expenses			59,992.	+	124,969.		833,984.		
g	End of year balance	5,420,629.	5,761,725.	5,801,982.	5,	474,586.	4,	461,187.		
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a	i)) held as:						
	Board designated or quasi-endowment	100.00	_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ►	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organ	ization	-			
	by:							Yes No		
	(i) unrelated organizations							X		
	(ii) related organizations							X		
b	If "Yes" on line 3a(ii), are the related organization						3b			
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	1	· · · · · · · · · · · · · · · · · · ·	i	•					
	Description of property	(a) Cost or of basis (investri	1 ' '	1	Accumula epreciatio		(d) Book	value		
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment			0,019.	354,7		15	300.		
	Other			6,703.	6,5	703.		0.		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		▶	15	300.		
		·		·		Cobodula	D /Earm	990) 2015		

Schedule D (Form 990) 2015

	RINE SANCTUAE	RY FOUNDATION	94-3370994 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		e 11c. See Form 990, Part X, line 1	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line	
(a) D	escription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part >	(, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	REFUNDABLE ADVANCE	16,901.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	16,901.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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 X

Schedule D (Form 990) 2015

Part XI	Recond	ciliation	of Revenue	per Audited	Financial	Statements	With	Revenue	per	Return

Ра	Reconciliation of Revenue per Audited Financial State	ements witi	n Revenue per R	eturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	10,069,222.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-154,688.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	5,227.		
е	Add lines 2a through 2d			2e	-149,461.
3	Subtract line 2e from line 1			3	10,218,683.
4	Amounts included on Form 990, Part VIII, line 12, 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			
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,218,683.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements Wi	th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	10,488,579.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	5,227.		
е	Add lines 2a through 2d			2e	5,227.
3	Subtract line 2e from line 1			3	10,483,352.
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			
С	Add lines 4a and 4b			ایا	0.
-	Add lines 4a and 4b			4c	10,483,352.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE OATF ENDOWMENT FUND IS USED TO AWARD GRANTS FOR NMSF PROGRAM

ACTIVITIES. THE LOTT ENDOWMENT FUND IS USED TO PROVIDE GENERAL OPERATING

SUPPORT AND RESERVES FOR THE ORGANIZATION.

PART X, LINE 2:

FOR THE YEARS ENDED JUNE 30, 2016 AND 2015, NMSF HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

532054 09-21-15

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

NATIONAL MARINE	SANCTIIA	RV FOIINT	ıΣπτ∩N		94-33709	91
			tside the United States. Comple	te if the organ		
Form 990, Part IV		iotivities su	tolde the office states. Comple	ite ii tile organ	ization answered	163 011
1 For grantmakers. Does	the organization		ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance ou	itside the
3 Activities per Region. (TI	he following Parl	I, line 3 table c	an be duplicated if additional space is r	eeded.)		
(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)	is a prod describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND						
THE CARIBEANS	0	1	COORDINATION AND TRAINING.			32,913.
			COORDINATION AND TRAINING			32,313.
			FOR STAKE			
EAST ASIA AND THE			HOLDERS, CONFERENCE			
PACIFIC	0	3	ENROLLMENT WEBSITE.			27,802.
3 a Sub-total	0	4				60,715.
b Total from continuation	0	0				0
c Totals (add lines 3a						60.715

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

Schedule F (Form 990) 2015

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any									
recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount 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)	

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
3	Enter total number of other organizations or entities	

Schedule F (Form 990) 2015

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

Part III can be duplicated if a	Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			

Schedule F (Form 990) 2015 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the 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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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)	Yes	X 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)	Yes	X No
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)	Yes	X No
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)	Yes	X No
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization NATIONAL	MARINE SA	ANCTUARY FO	UNDATION				Employer identification number $94-3370994$
Part I General Information on Grants a							
Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	e grantees' eligibilit	y for the grants or as	sistance, and the selec	etion
criteria used to award the grants or assi	istance?						X Yes No
Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	=				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than		-	<u> </u>		(f) Method of		1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUDUBON NATURE INSTITUTE							
6500 MAGAZINE STREET							
NEW ORLEANS, LA 70118	09-2095744	501(C)(3)	25,000.	0.			ALLIANCE PARTNERS
AWAIAULU .							
2667 ANU'U PLACE							USING THE PAST TO INFORM
HONOLULU, HI 96819	08-7190542	501(C)(3)	9,000.	0.			THE FUTURE
BIRCH AQUARIUM							
2300 EXPEDITION WAY							
LA JOLLA, CA 92037	17-5104595	501(C)(3)	25,000.	0.			OCEAN EXPLORATION
CA MARINE SANCTUARY FOUNDATION							
99 PACIFIC STREET, BLDG 455 E							CONNECTING SANCTUARIES TO
MONTEREY, CA 93940	94-3225675	501(C)(3)	24,976.	0.			LAND, SEA, AND PEOPLE
CARMEL UNIFIED SCHOOL							
99 PACIFIC ST. BLDG 455-A							
MONTEREY, CA 93940	77-0322693	GOVERNMENT	10,000.	0.			OCEAN GUARDIAN SCHOOL
CHESAPEAKE CONSERVANCY							
716 GODDINGS AVE. STE. 42							MALLOWS BAY AREA OF
ANNAPOLIS, MD 21401	83-1691121	1 1 1 1	25,000.	0.			POTOMAC RIVER AWARENESS
2 Enter total number of section 501(c)(3) a							
3 Enter total number of other organization	is listed in the line	1 table					2.

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

Schedule I (Form 990) (2015)

FRIENDS OF THUNDER BAY MARINE SANCTUARY - 500 W. FLETCHER ST - ALPENA, MI 49707 08-0023967 501(C)(3) 21,826. 0. EVERY KID IN THE PARK GLOBAL FDN FOR OCEAN EXPLORATION P.O. BOX 26 WEST REDDING, CT 06896 07-8743876 501(C)(3) 12,000. 0. PRESERVE AMERICA GRASSROOT GARBAGE GANG 811 PACIFIC HIGHWAY, SOUTH, STE #1 LONG BEACH, WA 98631 32-0062366 501(C)(3) 6,000. 0. GULF OF MAINE RES. INSTITUTE 350 COMMERCIAL STREET PORTLAND, ME 04101 15-6164667 OTHER 196,953. 0. TRAVEL TO TABLE EVENT HATFIELD MARINE SCIENCE 2030 SE MARINE SCIENCE	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
101 BIEWYLLE BLUD DAUPHIN ISLAND, AL 36528 07-5070474 501(C)(3) 25,000. 0. ALLIANCE PARTNERS ECOADAPT P.O. BOX 11195 BAINBRIDGE ISLAND, WA 98110 83-2063437 501(C)(3) 25,000. 0. MERICAN SAMOA FRIENDS OF CAMP SEA LAB 100 CAMPUS CENTER SEASIDE, CA 93955 46-0516184 501(C)(3) 12,500. 0. HOLLINGS GRANT FROGRAM FRIENDS OF APOSTLE ISLANDS NAT. LAKESHORE P.O. BOX 1574 - BAYFIELD, WI 54814 96-9314215 501(C)(3) 12,521. 0. HOLLINGS GRANT PROGRAM FRIENDS OF THUNDER BAY MARINE SANCTUARY - 500 W. FLETCHER ST - ALPERA, MI 49707 08-0023967 501(C)(3) 21,826. 0. HOLLINGS GRANT PROGRAM FRIENDS OF THUNDER BAY MARINE SANCTUARY - 500 W. FLETCHER ST - ALPERA, MI 49707 08-0023967 501(C)(3) 21,826. 0. FRESERVE AMERICA GRASSHOOT GARBAGE GANG 6HASTROOT GARBAGE G		(b) EIN			non-cash	valuation (book, FMV,		
101 BIENVILLE BLUD DAUFHIN ISLAND, AL 36528 07-5070474 501(C)(3) 25,000. 0. ALLIANCE PARTNERS ECCADAPT P.O. BOX 11195 BAINBRIDGE ISLAND, WA 98110 83-2063437 501(C)(3) 25,000. 0. MERICAN SAMOA FRIENDS OF CAMP SEA LAB 100 CAMPUS CENTER SEASIDE, CA 93955 46-0516184 501(C)(3) 12,500. 0. HOLLINGS GRANT FROGRAM FRIENDS OF APOSTLE ISLANDS NAT. LAKESHORE - P.O. BOX 1574 - BAYFIELD, WI 54814 96-9314215 501(C)(3) 12,521. 0. HOLLINGS GRANT FROGRAM FRIENDS OF THUNDER BAY MARINE SANCTUARY - 500 W. FLETCHER ST - ALFEBRA, MI 49707 08-0023967 501(C)(3) 21,826. 0. HOLLINGS GRANT FROGRAM GLOBAL FUN FOR OCEAN EXPLORATION P.O. BOX 26 WEST REDDING, CT 06896 07-8743876 501(C)(3) 12,000. 0. PRESERVE AMERICA GRASSROOT GARBAGE GANG ELI PACTEIC KIGHWAY, SOUTH, STE #1 LONG BEACH, WA 98631 32-0062366 501(C)(3) 6,000. 0. TRAVEL TO TABLE EVENT HATFIELD MARINE SCIENCE 2030 SE MARINE SCIENCE 2030 SE MARINE SCIENCE 2030 SE MARINE SCIENCE 2030 SE MARINE SCIENCE BILDED 2010 SE MARINE SCIENCE 2030 SE MARINE SCIENCE BILDED 2010 SE MARINE SCIENCE BILDED 2010 SE MARINE SCIENCE 2030 SE MARINE SCIENCE BILDED 2010 SE MARINE SCIENCE BILDED 2	DAUPHIN ISLAND SEA LAR							
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BAYFIELD, WI 54814 96-9314215 501(C)(3) 12,521. 0. HOLLINGS GRANT PROGRAM FRIENDS OF THUNDER BAY MARINE SANCTUARY - 500 W. FLETCHER ST - ALPENA, MI 49707 08-0023967 501(C)(3) 21,826. 0. EVERY KID IN THE PARK GLOBAL FDN FOR OCEAN EXPLORATION P.O. BOX 26 WEST REDDING, CT 06896 07-8743876 501(C)(3) 12,000. 0. PRESERVE AMERICA GRASSROOT GARBAGE GANG 811 PACIFIC HIGHWAY, SOUTH, STE #1 LONG BEACH, WA 98631 32-0062366 501(C)(3) 6,000. 0. GULF OF MAINE RES. INSTITUTE 350 COMMERCIAL STREET PORTLAND, ME 04101 15-6164667 OTHER 196,953. 0. FRAVEL TO TABLE EVENT HATFIELD MARINE SCIENCE 2030 SE MARINE SCIENCE	FRIENDS OF APOSTLE ISLANDS NAT.							
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2030 SE MARINE SCIENCE DRIVE	PORTLAND, ME 04101	15-6164667	OTHER	196,953.	0.			TRAVEL TO TABLE EVENT
2030 SE MARINE SCIENCE DRIVE	UNMETED MADINE COTENCE							
NEWPORT: OR 3/355 61-1/30890 DTHER 5-9981 0.1 1 DCEAN EXPTORAGION	NEWPORT , OR 97365	61-1730890	OTHER	5,998.	0.			OCEAN EXPLORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII CONSERV. ALLIANCE 677 ALA MOANA BLVD, STE 320 HONOLULU, HI 96813	79-7874646	501(C)(3)	19,000.	0.			PAPAHANAMOKUAKEA
KAKO'O OIWI 46-005 KAWA STREET #104 KANEOHEA, HI 96744	82-9898506	OTHER	30,000.	0.			WETLAND RESTORATION PROJECT
KILLER WHALE TALES P.O. BOX 16453 SEATTLE, WA 98116	17-0016625	501(C)(3)	12,000.	0.			KIDS MAKING A DIFFERENCE
LAKESHORE MUSEUM CENTER 430 WEST CLAY AVENUE MUSKEGON, MI 49440	09-2948223	501(C)(3)	10,700.	0.			PRESERVE AMERICA
MARINERS MUSEUM 100 MUSEUM DRIVE NEWPORT NEWS, VA 23606	06-5413817	501(C)(3)	10,000.	0.			SUPPORT FOR EDUCATOR PROGRAM DEVELOPMENT
MARITIME GLOUCESTER 23 HARBOR LOOP GLOUCESTER, MA 01930	04-3480870	501(C)(3)	25,000.	0.			FISHING ON STELLWAGEN
NATIONAL AQUARIUM IN BALTIMORE 111 MARKET PLACE BALTIMORE, MD 21202	09-3008183	501(C)(3)	25,000.	0.			OCEAN EXPLORATION
NATIONAL PARK TRUST 401 EAST JEFFERSON STREET, STE 203 ROCKVILLE, MD 20850	83-6046938	501(C)(3)	25,000.	0.			HOLLINGS GRANT PROGRAM
NEW ENGLAND AQUARIUM 1 CENTRAL WHARF BOSTON, MA 02110	07-3827859	501(C)(3)	25,000.	0.			HOLLINGS GRANT PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 FOUNDATION							
1320 19TH STREET, NW, STE. 500							HOLLINGS GRANT PROGRAM,
WASHINGTON, DC 20036	61-1721759	501(C)(3)	20,000.	0.			EDUCATION PARTNERSHIPS
PIER AQUARIUM, INC.							
224 SECOND AVE. N STE. 203							
ST PETERSBURG, FL 33701	62-2118974	501(C)(3)	60,000.	0.			FISHERIES
SEA RESEARCH FOUNDATION							
55 COOGAN BLVD							
MYSTIC, CT 06355	09-2465061	501(C)(3)	31,067.	0.			MARINE COMMUN ECOLOGY
SEAWEB							
8403 COLESVILLE ROAD							
SILVER SPRING, MD 10910	03-6537363	501(C)(3)	120,405.	0.			SEAFOOD SUMMIT IN MALL
				- •			
SOUTH CAROLINA AQUARIUM							
100 AQUARIUM WHARF							
CHARLESTON, SC 29401	83-7744291	501(C)(3)	25,000.	0.			ALLIANCE PARTNERS
S.E. ALASKA FISH. ALLIAN.							
9369 NORTH DOUGLAS HWY							REDUCTION OF WHALE
JUNEAU, AK 99801	96-5163384	501(C)(3)	25,000.	0.			ENTANGLEMENTS
THE MARINE MAMMAL CENTER							MOBILIZING MIDDLE SCHOOL
2000 BUNKER ROAD, FORT CRONKHITE							STUDENTS FOR HAWAII MONI
SAUSALITO, CA 94965	05-8448572	501(C)(3)	25,000.	0.			SEAL RECOVERY
	00 01100/2		20,000:				
TURTLE ISLAND RESTOR. NETWORK							
P.O. BOX 370							SEA TURTLES IN THE
FOREST KNOLLS, CA 94933	94-1818080	501(C)(3)	25,000.	0.			SANCTUARY INITIATIVE
UNIV. CORP FOR ATMO. RESEARCH							
3090 CENTER GREEN DRIVE							
BOULDER, CO 80301	08-7190542	501(C)(3)	30,000.	0.			RISING VOICES WORKSHOP

(a) Name and address of	(b) [N]	(a) IDC section	(d) Amount of	(a) Amount of	(f) Mathad of	(a) Description of	(h) Durage of great
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV. CORP. AT MONTEREY BAY							
.00 CAMPUS CENTER							CALIFORNIA UNIVERSITY
SEASIDE, CA 93955	77-0387459	501(C)(3)	34,621.	0.			MONTERAY BAY
UNIV. OF HAWAII AT MANOA ORS							
2440 CAMPUS ROAD, BOX 368							MARINE DEBRIS, OCEAN
HONOLULU, HI 96822	96-5088057	OTHER	35,962.	0.			EXPLORATION
JRI FOUNDATION							
215 S FERRY RD							
JARRAGANSETT, RI 02882	13-1747271	501(C)(3)	125,000.	0.			INNER SPACE CENTER
J.S. NAVAL ACADEMY ALUMNI ASSO.							
291 WOOD ROAD							
ANNAPOLIS, MD 21402	96-7719329	501(C)(3)	49,400.	0.			OCEAN EXPLORATION
TAME OF THE PROPERTY OF THE PR	30 7713323	501(0)(3)	15,100.	0.			Dellin Enricontition
V2WORTH INNOVATIONS, LLC							
.0999 REED HARMAN HWY, STE 223							
CINNCINNATI, OH 45242	47-4426648	OTHER	12,000.	0.			MARINE DEBRIS
·			,				
	1						

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance			
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.				
PART I, LINE 2:								
EACH GRANTEE IS REQUIRED BY MUTUAL	LY SIGNE	D AGREEMEN	T TO SUBMI	T TO NMSF				
BOTH NARRATIVE AND FINANCIAL REPOR	RTS USING	SPECIFIC	FORMS. RE	PORTS ARE DUE				
TO NMSF ON FEBRUARY 1ST AND AUGUST	T 1ST OF	EACH YEAR	FOR THE DU	RATION OF THE				
PROJECT, AND GRANTEES ARE EXPECTED	TO SUBM	IT A FINAL	REPORT AS	WELL. NMSF				
RESERVES THE RIGHT AS NECESSARY TO MONITOR AND CONDUCT AN EVALUATION OF THE								
PROJECT BEING FUNDED, WHICH MAY IN	ICLUDE A	VISIT FROM	NMSF PERS	ONNEL TO				
OBSERVE THE ORGANIZATION'S PROJECT, DISCUSS THE PROJECT WITH THE								
ORGANIZATION'S PERSONNEL, AND REVI	EW FINAN	CIAL AND C	THER MATER	IALS				

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

Pá	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant [X] Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	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:			v
	The organization?	6a		X
b	Any related organization?	6b		Δ
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	l

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

Schedule J (Form 990) 2015

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 (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JASON PATLIS	(i)	125,650.	0.	26,081.	4,552.	16,915.	173,198.	0.
PRESIDENT & CEO UNTIL APRIL 30,2016		0.	0.	0.	0.	0.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

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.
PART I, LINE 4A:
JASON PATLIS RECEIVED SEVERANCE OF \$26,081.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 94-3370994

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS - INCLUDING CAPITAL HILL OCEAN WEEK AND GALA ACTIVITIES EXPENSES \$ 733,857. INCLUDING GRANTS OF \$ 107,907. **REVENUE \$ 43,859.**

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 COMPLIED 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 INCLUDES A PRESENTATION FROM THE INTERESTED PERSONS, BUT EXCLUDES 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 POLICY AND MUST REFRAIN FROM ANY ACTIVITY WHICH CREATES A CONFLICT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

OF INTEREST. THE POLICY IS DESCRIBED IN THE PERSONNEL POLICY HANDBOOK AND IS MORE RESTRICTIVE THAN THE BOARD POLICY DESCRIBED ABOVE.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES OF THE NATIONAL MARINE SANCTUARY FOUNDATION (NMSF OR FOUNDATION) HAS 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 INTERNAL REVENUE CODES "EXCESS BENEFIT

TRANSACTION" RULES. THE 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 (THE

CEO/PRESIDENT), OTHER COMPENSATED OFFICERS AND/OR KEY EMPLOYEES OF THE

FOUNDATION (IF ANY). THE LAST REVIEW TOOK PLACE IN MAY, 2016.

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.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
3. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING: THEF	RE IS
CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RES	SPECT TO THE
DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION A	ARRANGEMENT.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	r of interest
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	C UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	118,903.
MANAGEMENT AND GENERAL EXPENSES	18,216
FUNDRAISING EXPENSES	152
TOTAL EXPENSES	137,271.
INTERNSHIPS :	
PROGRAM SERVICE EXPENSES	19,367.
MANAGEMENT AND GENERAL EXPENSES	2,967.
FUNDRAISING EXPENSES	25.
TOTAL EXPENSES	22,359.
CONTRACT:	
PROGRAM SERVICE EXPENSES	1,092,641
MANAGEMENT AND GENERAL EXPENSES	167,394
FUNDRAISING EXPENSES	1,398.
TOTAL EXPENSES	1,261,433.
RCUH EXPENSE:	
Sept. 10 00 15	hedule O (Form 990 or 990-F7) (2015

Name of the organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
PROGRAM SERVICE EXPENSES	1,805,478.
MANAGEMENT AND GENERAL EXPENSES	276,601.
FUNDRAISING EXPENSES	2,310.
TOTAL EXPENSES	2,084,389.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,505,452.
CANCELLA BLOW OF DONOR BUNDING	20.006
CANCELLATION OF DONOR FUNDING	-20,000.

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STATE COPY

2015 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2016

Prepared for	NATIONAL MARINE SANCTUARY FOUNDATION 8601 GEORGIA AVENUE NO. 510 SILVER SPRING, MD 20910
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE FTB, AND NO FURTHER ACTION IS REQUIRED. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

TAXABLE YEAR **2015**

California Exempt Organization Annual Information Return

528941 11-25-15 FORM

199

Calendar Ye	ar 2015 or fiscal year beginning (mm/dd/yyyy) $07/01/2015$, and ending (mm/di	d/yyyy)	06/30/2016 .
Corporation	Organization name	California corpo	oration number
NATIO	NAL MARINE SANCTUARY FOUNDATION	9597	885
Additional in	formation. See instructions.	FEIN	
			370994
	ss (suite or room)	PMB no.	
City	GEORGIA AVENUE, NO. 510	ZIP code	
=	R SPRING MD	2091	n
Foreign cou		Foreign po	
A First R	eturn Yes X No J If exempt under R&TC Section	23701d, has t	he organization
B Amend	ed Return Yes X No engaged in political activities?		
C IRC Se	ction 4947(a)(1) trust Yes X No K Is the organization exempt und	er R&TC Secti	on 23701g? ● Yes X No
D Final Ir	formation Return? If "Yes," enter the gross receipt		
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized L If organization is exempt under		
	te: (mm/dd/yyyy) • and meets the filing fee excepti	•	·
E Check	accounting method: (1) Cash (2) X Accrual (3) Other fee is required. return filed? (1) • 990T(2) • 990-PF (3) • Sch H (990) M Is the organization a Limited Li	ability Compan	• X ny? • Yes X No
	return filed? (1) ● ☐ 990T(2) ● ☐ 990-PF (3) ● ☐ Sch H (990)	ability Gollipai INN or Form 10	ng to
` '	a group filing? See instructions Yes X No report taxable income?		
	organization in a group exemption Yes X No 0 Is the organization under audit		
	what is the parent's name? IRS audited in a prior year?	-	
	P Is a federal Form 1023/1024 po	ending?	Yes X No
	organization have any changes to its guidelines Date filed with IRS		
	orted to the FTB? See instructions • Yes X No		
Part I	Complete Part I unless not required to file this form. See General Instructions B and C.		1 1,252,441.00
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 82 Gross dues and assessments from members and affiliates	···········	2 00
	3 Gross contributions diffs grants and similar amounts received ST	MT 1 •	3 9,944,727.00
Receipts	3 Gross contributions, gifts, grants, and similar amounts received ST Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	•	4 11,197,168.00
and	5 Cost of goods sold STMT 3 STMT $2 \bullet 5 $ 4,	254.00	
Revenue	6 Cost or other basis, and sales expenses of assets sold 6 974,	231.00	
	7 Total costs. Add line 5 and line 6		7 978,485.00
	8 Total gross income. Subtract line 7 from line 4		8 10,218,683.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		9 10,483,352. ₀₀ 10 -264,669. ₀₀
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Total payments		10 -264,669. ₀₀
	11 Total payments 12 Use tax. See General Instruction K	_	12 00
	13 Payment balance. If line 11 is more than line 12, subtract line 12 from line 11		13 00
Filing Fe			14 00
	15 Filing fee \$10 or \$25. See General Instruction F		15 N/A 00
	16 Penalties and Interest. See General Instruction J		16 00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer line.	Ind to the best of	17 00
Sign			
Here	Signature of officer CFO	ate	● Telephone
	Date	l1. if	● PTIN
	Prenarer's	heck if elf-employed	□ P01329488
Paid	Firm's name		• FEIN
Preparer's	(or yours, if self-		52-1392008
Use Only	employed) 4550 MONTGOMERY AVE SUITE 650N		Telephone
	and address BETHESDA, MD 20814-2930		(301) 951-9090
	May the FTB discuss this return with the preparer shown above? See instructions	• X	Yes No

NATIONAL MARINE SANCTUARY FOUNDATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

EOOOE 1	11 05 1
528951	11-25-1

		1	Gross sales or receipts from all b	usiness activities. See instruc	ctions			•	1	26,44	6.00
		2	Interest					•	2	22,79	2.00
			Dividends						3	1	00
Recei	pts		0 .					_	4		00
from		5	Gross royalties					•	5		00
Other		6	Gross amount received from sale	of assets (See Instructions)		,	STA	TEMENT 4 \bullet	6	976,24	
Sourc	es	7	Other income			SEE S	STA	TEMENT 5 ●	7	226,95	
			Total gross sales or receipts from						8	1,252,44	
		9	Contributions, gifts, grants, and s	similar amounts paid			STA	TEMENT 6 •	9	1,347,96	9 • 00
		10	Disbursements to or for members Compensation of officers, directo	S				<u></u> •	10		00
		11	Compensation of officers, directo	ors, and trustees		SEE S	STA	TEMENT 7 •	11	300,62	
		12	Other salaries and wages					•	12	1,526,35	5 • 00
Expen	ses		Interest						13	1 - 0 - 0	00
and			Taxes						14	159,99	
Disbu	rse-	15	Rents					·····•	15	368,61	
ments	•	16	Depreciation and depletion (See i Other Expenses and Disbursemen	nstructions)				··············	16	109,00	6 • 00
		17	Other Expenses and Disbursemen	nts		SEE S	STA	TEMENT 8 •	17	6,670,79	
		18	Total expenses and disbursemen	its. Add line 9 through line 17	'. Enter	r here and on Sid	e 1, Pa	ırt I, line 9		10,483,35	2.00
Sch		e L	Balance Sheets	Beginning of	taxabl				of tax	able year	
Assets			L	(a)		(b)	4 17	(c)	_	(d)	0.4.4
1 Ca						1,779,44				• 1,545,	
			s receivable			88,18	84.				863.
			ceivable							•	
										•	
			state government obligations							•	
			in other bonds							•	
			in stock							•	
	ortga					F (00 4)	1 1			• F 202	-7
			ments STMT 9	261 022		5,689,44	44.	276 72	2	• 5,293,	5/6.
10 a	Depre	eciab	le assets	361,022.		108,60	0.6	376,72		1 =	300.
			mulated depreciation	(252,416.)		100,00	00.	(361,422	• /		300.
11 La	ana .		STMT 10			875,9	7.2			• 633	972.
						8,541,65				• 633, 8,099,	
			et worth			0,541,0	"			0,099,	755.
			-			516,12	27			• 518.	020.
			yables, gifts, or grants payable			310,12	4 / •			• 310,	020.
										•	
			otes payableayable							•	
18 01	-					21,32	29.				901.
			or principal fund							•	
			tal surplus. Attach reconciliation							•	
			nings or income fund			8,004,19	97.				834.
			ies and net worth			8,541,65				• 7,564, 8,099,	755.
Sche				per books with income per re		, , , , , , ,					
				ule if the amount on Schedul		e 13, column (d),	, is les	s than \$50,000.			
1 No	et inco	ome r	per books	−439,3	63.	7 Income rec	orded	on books this year			
			ne tax			not include		•	12	−154,	688.
			pital losses over capital gains			ł		s return not charged		,	
			ecorded on books this year			1		me this year STMT	13		006.
			corded on books this year not			9 Total. Add I				-174,	
			this return			10 Net income					
6 To	ntal A	dd lin	ne 1 through line 5	-439,3	63.	Subtract lin	ne 9 fra	nm line 6		-264,	669.

ALTONAL	MAKINE	SANCTUARY	FOUNDATION	94-33/0994

FORM 199 IN	STATEMENT		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ADAM LOWRY	4 STARBOARD COURT MILL VALLEY, CA 94941	06/30/16	10,000.
ADIRONDACK FOUNDATION/BOB TRAINOR	PO BOX 288 LAKE PLACID, NY 12946	06/30/16	10,000.
ANTONIO VALERO	801 BRICKELL KEY BLVD #3002 MIAMI, FL 33131	06/30/16	9,269.
ATHERTON FAMILY FOUNDATION	827 FORT STREET MALL HONOLULU, HI 96813	06/30/16	10,000.
CAMPBELL FOUNDATION	1450 SUTTER STREET SAN FRANCISCO, CA 94109	06/30/16	20,000.
CRUISE INDUSTRY CHARITABLE FOUNDATION	1201 F STREET, NW WASHINGTON, DC 20004	06/30/16	10,000.
CURTIS AND EDITH MUNSON FOUNDATION	1320 19TH STREET, NW WASHINGTON, DC 20036	06/30/16	30,000.
DOBBS FOUNDATION	133 PEACHTREE STREET NE ATLANTA, GA 30303	06/30/16	15,000.
EDWARD & MARIE MATTHEWS FOUNDATION	45 MONTADALE CIR PRINCETON, NJ 08540	06/30/16	7,000.
ENVIRONMENTAL DEFENSE FUND	1875 CONNECTICUT AVE., NW WASHINGTON, DC 20009	06/30/16	5,500.
ESRI	380 NEW YORK STREET REDLANDS, CA 92373	06/30/16	5,500.
FRENCH MARINE PROTECTED AREAS AGENCY	16 QUAI DE LA DOUANE BREST CEDEX 2 FRANCE 29229	06/30/16	11,100.
GORDON & BETTY MOORE FOUNDATION	1661 PAGE MILL ROAD PALO ALTO, CA 94304	06/30/16	20,000.
GRAY'S REEF NATIONAL MARINE SANCTUARY FDN	10 OCEAN SCIENCE CIR SAVANNAH, GA 31411	06/30/16	5,522.
GULF OF MEXICO REEF FISH SHAREHOLDERS' ALLIANCE	1902 WHARF RD GALVESTON, TX 77550	06/30/16	5,500.

NATIONAL MARINE SANCTUARY FOUNDATION						
HENRY FOUNDATION	1320 19TH STREET, NW WASHINGTON, DC 20036	06/30/16	10,000.			
INTERNATIONAL FUND FOR ANIMAL WELFARE	290 SUMMER STREET YARMOUTH PORT, MA 02675	06/30/16	38,076.			
MERIDIAN INSTITUTE	1920 L STREET, NW WASHINGTON, DC 20036	06/30/16	5,500.			
MOTE SCIENTIFIC FDN	1600 KEN THOMPSON PARKWAY SARASOTA, FL 34236	06/30/16	12,000.			
NATIONAL FISH AND WILDLIFE FDN	1133 FIFTEENTH ST., NW WASHINGTON, DC 20005	06/30/16	11,845.			
NATIONAL PARK FOUNDATION	1110 VERMONT AVE NW WASHINGTON, DC 20005	06/30/16	25,120.			
NATURE CONSERVANCY	4245 NORTH FAIRFAX DRIVE ARLINGTON, VA 22203	06/30/16	5,500.			
OCEAN CONSERVANCY	1300 9TH STREET NW WASHINGTON, DC 20036	06/30/16	7,425.			
OFFICE OF HAWAIIAN AFFAIRS	560 N. NIMITZ HWY HONOLULU, HI 96817	06/30/16	10,000.			
ORANGE COUNTY COMMUNITY FOUNDATION	30 CORPORATE PARK, SUITE 410 IRVINE, CA 92606	06/30/16	25,000.			
PACIFIC LIFE INSURANCE CO	700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660	06/30/16	10,000.			
PATRICIA ALDRED	1160 OAKMONT PLACE NIPOMO, CA 93444	06/30/16	12,050.			
PEW CHARITABLE TRUSTS	1200 18TH STREET NW WASHINGTON, DC 20036	06/30/16	5,500.			
SEAWORLD	601 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	06/30/16	10,000.			
STEPHENSON FOUNDATION	132 KING STREET ALEXANDRIA, VA 22314	06/30/16	5,500.			
UPPER KEYS MARINE CONSTRUCTION INC.	PO BOX 372790 KEY LARGO, FL 33037	06/30/16	12,165.			
MONTEREY BAY AQUARIUM	886 CANNERY ROW MONTEREY, CA 93940	06/30/16	5,000.			
JULIE PACKARD	6551 GLEN HAVEN RD SOQUEL, CA 95073	06/30/16	5,000.			

NATIONAL MARINE SANCTUA		94-3370994	
ROCKEFELLER & CO	10 ROCKEFELLER PLAZA, 3RD FLOOR NEW YORK, NY 10020	06/30/16	5,000.
JAMES CROWLEY	121 BROOKSIDE DR GREENWICH, CT 06831	06/30/16	6,000.
CONSORTIUM FOR OCEAN LEADERSHIP	1201 NEW YORK AVE NW, STE 420 WASHINGTON, DC 20005	06/30/16	6,000.
FURY MANAGEMENT	PO BOX 1238 KEY WEST, FL 33041	06/30/16	10,000.
US DEPT OF COMMENCE	1401 CONSTITUTION AVE., NW WASHINGTON, DC 20230	06/30/16	7,746,688.
US DEPT OF INTERIOR	1849 C STREET NW WASHINGTON, DC 20240	06/30/16	45,000.
VOLGENAU FOUNDATION	8300 GREENSBORO DRIVE MC LEAN, VA 22102	06/30/16	45,000.
WALTON FAMILY FOUNDATION	PO BOX 2030 BENTONVILLE, AR 72712	06/30/16	30,000.
TOTAL INCLUDED ON LINE 3			8,283,760.

FORI	м 199			OODS SOLD ART I, LINE 5		STATEMENT 2
COS	I OF GOODS SOLD					
1.	INVENTORY AT BEGINNING	G OF YEAR	•			
_	MERCHANDISE PURCHASED COST OF LABOR MATERIALS AND SUPPLIES OTHER COSTS ADD LINES 1 THROUGH 5	S	•		4,254	4,254
7.	INVENTORY AT END OF Y	EAR	•			
8.	COST OF GOODS SOLD (L	INE 6 LES	S L	E 7)		4,254

FORM 199	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	3
DESCRIPTION		AMOUNT	
		4,2	54.
TOTAL INCLUDED OF	N FORM 199, PART I, LINE 5	4,2	54.

FORM 199 GROSS AMOU	NT FROM	SALE O	F ASSE	rs 	<u> </u>	STATEMENT	4
DESCRIPTION		DA' ACQU		DAT SOL		ETHOD QUIRED	
SALE OF SECURITIES					PUF	RCHASED	
		r or Basis	DEPRI	EC.	EXPENSE OF SALE	GROSS SALES PR	
	974	4,231.		0.	0.	976,2	46.
TOTAL TO FORM 199, PAGE 2, LN 6	974	4,231.		0.	0.	976,2	46.
FORM 199	OTHER	INCOME			<u> </u>	STATEMENT	5
DESCRIPTION						AMOUNT	
REIMBURSEMENTS ADMINISTRATIVE FEES REGISTRATION FEES					_	147,2 53,2 26,4	47.
TOTAL TO FORM 199, PART II, LIN	E 7					226,9	57.

DAUPHIN ISLAND SEA

LAB

	SANCTUARY FOUNDATION		94-3370994
FORM 199 (CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	S SI	PATEMENT 6
ACTIVITY CLASSIFICA	ATION: GRANTS OVER \$5,000 TO ORGA	ANIZATIONS IN THE	E U.S.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
AUDUBON NATURE INSTITUTE	6500 MAGAZINE STREET - NEW ORLEANS, LA 70118	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
AWAIAULU	2667 ANU'U PLACE - HONOLULU, HI 96819	NONE	9,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BIRCH AQUARIUM	2300 EXPEDITION WAY - LA JOLLA, CA 92037	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CA MARINE SANCTUARY FOUNDATION	99 PACIFIC STREET, BLDG 455 E - MONTEREY, CA 93940	NONE	24,976.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CARMEL UNIFIED SCHOOL	99 PACIFIC ST. BLDG 455-A - MONTEREY, CA 93940	NONE	10,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CHESAPEAKE CONSERVANCY	716 GODDINGS AVE. STE. 42 - ANNAPOLIS, MD 21401	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT

101 BIENVILLE BLVD - DAUPHIN NONE ISLAND, AL 36528

25,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ECOADAPT	P.O. BOX 11195 - BAINBRIDGE ISLAND, WA 98110	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
FRIENDS OF CAMP SEA LAB	100 CAMPUS CENTER - SEASIDE, CA 93955	NONE	12,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
APOSTLE ISLANDS NAT. LAKESHORE	P.O. BOX 1574 - BAYFIELD, WI 54814	NONE	12,521.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THUNDER BAY MARINE SANCTUARY	500 W. FLETCHER ST - ALPENA, MI 49707	NONE	21,826.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
FOUN. FOR OCEAN EXPLORATION	P.O. BOX 26 - WEST REDDING, CT 06896	NONE	12,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GRASSROOT GARBAGE GANG	811 PACIFIC HIGHWAY, SOUTH, STE #1 - LONG BEACH, WA 98631	NONE	6,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GULF OF MAINE RES. INSTITUTE	350 COMMERCIAL STREET - PORTLAND, ME 04101	NONE	196,953.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
HATFIELD MARINE SCIENCE	2030 SE MARINE SCIENCE DRIVE - NEWPORT, OR 97365	NONE	5,998.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
HAWAII CONSERV. ALLIANCE	677 ALA MOANA BLVD, STE 320 - HONOLULU, HI 96813	NONE	19,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KAKO'O OIWI	46-005 KAWA STREET #104 - KANEOHEA, HI 96744	NONE	30,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KILLER WHALE TALES	P.O. BOX 16453 - SEATTLE, WA 98116	NONE	12,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LAKESHORE MUSEUM CENTER	430 WEST CLAY AVENUE - MUSKEGON, MI 49440	NONE	10,700.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MARINERS MUSEUM	100 MUSEUM DRIVE - NEWPORT NEWS, VA 23606	NONE	10,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MARITIME GLOUCESTER	23 HARBOR LOOP - GLOUCESTER, MA 01930	NONE	25,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
NATIONAL AQUARIUM IN BALTIMORE	111 MARKET PLACE - BALTIMORE, MD 21202	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
NATIONAL PARK TRUST	401 EAST JEFFERSON STREET, STE 203 - ROCKVILLE, MD 20850	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
NEW ENGLAND AQUARIUM	1 CENTRAL WHARF - BOSTON, MA 02110	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
OCEAN FOUNDATION	1320 19TH STREET, NW, STE. 500 - WASHINGTON, DC 20036	NONE	20,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
PIER AQUARIUM, INC.	224 SECOND AVE. N STE. 203 - ST PETERSBURG, FL 33701	NONE	60,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SEA RESEARCH FOUNDATION	55 COOGAN BLVD - MYSTIC, CT 06355	NONE	31,067.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SEAWEB	8403 COLESVILLE ROAD - SILVER SPRING, MD 10910	NONE	120,405.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SOUTH CAROLINA AQUARIUM	100 AQUARIUM WHARF - CHARLESTON, SC 29401	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
S.E. ALASKA FISH. ALLIAN.	9369 NORTH DOUGLAS HWY - JUNEAU, AK 99801	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE MARINE MAMMAL CENTER	2000 BUNKER ROAD, FORT CRONKHITE - SAUSALITO, CA 94965	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
TURTLE ISLAND RESTOR. NETWORK	P.O. BOX 370 - FOREST KNOLLS, CA 94933	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIV. CORP FOR ATMO. RESEARCH	3090 CENTER GREEN DRIVE - BOULDER, CO 80301	NONE	30,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIV. CORP. AT MONTEREY BAY	100 CAMPUS CENTER - SEASIDE, CA 93955	NONE	34,621.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIV. OF HAWAII AT MANOA ORS	2440 CAMPUS ROAD, BOX 368 - HONOLULU, HI 96822	NONE	35,962.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
URI FOUNDATION	215 S FERRY RD - NARRAGANSETT, RI 02882	NONE	125,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
NAVAL ACADEMY ALUMNI ASSO.	291 WOOD ROAD - ANNAPOLIS, MD 21402	NONE	49,400.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
w2worth innovations, LLC	10999 REED HARMAN HWY, STE 223 - CINNCINNATI, OH 45242	NONE	12,000.
	TOTAL FOR THIS ACTIVITY		1,236,929.
TOTAL INCLUDED ON FOR	RM 199, PART II, LINE 9		1,236,929.

FORM 199	COMPENSATION	OF OFFICERS,	DIRECTO	RS AND TRUSTEES	STATEMENT	7
NAME AND ADI	DRESS			ITLE AND HRS WORKED/WK	COMPENSAT	ION
	A AVENUE, NO. 5	10	CHAIRMA	N 1.00		0.
	A AVENUE, NO. 5 NG, MD 20910	10	TREASUR	ER 1.00		0.
	A AVENUE, NO. 5 NG, MD 20910	10	TRUSTEE	UNTIL MAY, 2016 0.50		0.
	-VENISTE A AVENUE, NO. 5 NG, MD 20910	10	TRUSTEE	0.50		0.
	N A AVENUE, NO. 5 NG, MD 20910	10	TRUSTEE	0.50		0.
	ONNAUGHTON A AVENUE, NO. 5 NG, MD 20910	10	TRUSTEE	0.50		0.
	R A AVENUE, NO. 5 NG, MD 20910	10	TRUSTEE	0.50		0.
	T A AVENUE, NO. 5 NG, MD 20910	10	TRUSTEE	0.50		0.
	NOR A AVENUE, NO. 5 NG, MD 20910	10	TRUSTEE	0.50		0.
	EY A AVENUE, NO. 5 NG, MD 20910	10	TRUSTEE	0.50		0.
	A AVENUE, NO. 5 NG, MD 20910	10	TRUSTEE	0.50		0.

NATIONAL MARINE SANCTUARY FOUNDATION	1	94-3370994
STEVE GAINES 8601 GEORGIA AVENUE, NO. 510 SILVER SPRING, MD 20910	TRUSTEE 0.50	0.
B. HOLT THRASHER 8601 GEORGIA AVENUE, NO. 510 SILVER SPRING, MD 20910	TRUSTEE 0.50	0.
ADAM LOWRY 8601 GEORGIA AVENUE, NO. 510 SILVER SPRING, MD 20910	TRUSTEE 0.50	0.
JASON PATLIS 8601 GEORGIA AVENUE, NO. 510 SILVER SPRING, MD 20910	PRESIDENT & CEO UNTIL APR 40.00	I 162,541.
ALLISON ALEXANDER 8601 GEORGIA AVENUE, NO. 510 SILVER SPRING, MD 20910	VICE PRESIDENT 40.00	124,691.
TED LILLESTOLEN 8601 GEORGIA AVENUE, NO. 510 SILVER SPRING, MD 20910	PRESIDENT & CEO SINCE MAY 40.00	13,393.
TOTAL TO FORM 199, PART II, LINE 11		300,625.
	R EXPENSES	300,625. STATEMENT 8
	REXPENSES	
FORM 199 OTHE	R EXPENSES	STATEMENT 8

FORM 199 OTHER INVESTMENTS		STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURITIES	0. 5,689,444.	89,168. 5,204,408.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	5,689,444.	5,293,576.
FORM 199 OTHER ASSETS		STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES DEPOSITS	868,983. 324. 6,665.	604,439. 20,933. 8,600.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	875,972.	633,972.
FORM 199 OTHER LIABILITIES		STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
REFUNDABLE ADVANCE	21,329.	16,901.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	21,329.	16,901.
FORM 199 INCOME RECORDED ON BOOKS THIS NOT INCLUDED IN THIS RETURN		STATEMENT 12
DESCRIPTION		AMOUNT
UNREALIZED LOSS ON INVESTMENT		-154,688.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		-154,688.

FORM 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT 13
DESCRIPTION		AMOUNT
CANCELLATION	OF DONOR FUNDING	-20,006.
TOTAL TO FORM	M 199, SCHEDULE M-1, LINE 8	-20,006.

0		
Date Accepted		

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM **8453-FO**

20	Exempt Organization	ons	8 4 33-E0
Exempt O	rganization name		Identifying number
NATI	ONAL MARINE SANCTUARY FOUN	NDATION	94-3370994
Part I	Electronic Return Information (whole dollars on	ly)	
1 To	rtal gross receipts (Form 199, line 4)		1 11,197,168.00
2 To	rtal gross income (Form 199, line 8)		2 10,218,683.00
3 To	tal expenses and disbursements (Form 199, line 9)		3 10,483,352. ₀₀
Part II	Settle Your Account Electronically for Taxable		
4	Electronic funds withdrawal 4a Amount	4b Withdrawa	date (mm/dd/yyyy)
Part III	Banking Information (Have you verified the exen	npt organization's banking information?)	
5 Rou	uting number	_	
6 Acc	count number	7 Type of account:	Checking Savings
Part IV	Declaration of Officer		
I authorized on line 4	ze the exempt organization's account to be settled as desig a.	nated in Part II. If I check Part II, Box 4, I authoriz	e an electronic funds withdrawal for the amount listed
California a balance organiza statemen delayed	ter, or intermediate service provider and the amounts in Pal a electronic return. To the best of my knowledge and belief, e due return, I understand that if the Franchise Tax Board (fittion will remain liable for the fee liability and all applicable in hts be transmitted to the FTB by the ERO, transmitter, or int, I authorize the FTB to disclose to the ERO or intermedia	the exempt organization's return is true, correct, FTB) does not receive full and timely payment of to the test and penalties. I authorize the exempt organ termediate service provider. If the processing of the service provider the reason(s) for the delay.	and complete. If the exempt organization is filing he exempt organization's fee liability, the exempt nization return and accompanying schedules and
Here	Signature of officer D	Date Title	
Part V	Declaration of Electronic Return Originator (EF	RO) and Paid Preparer.	
am only accurate provided 1345, 20 the exem I declare	that I have reviewed the above exempt organization's retur an intermediate service provider, I understand that I am no ly reflects the data on the return.) I have obtained the organ I the organization officer with a copy of all forms and inform 015 e-file Handbook for Authorized e-file Providers. I will ke npt organization return is filed, whichever is later, and I will that I have examined the above exempt organization's retu rect, and complete. I make this declaration based on all info	t responsible for reviewing the exempt organization nization officer's signature on form FTB 8453-EO nation that I will file with the FTB, and I have follov ep form FTB 8453-EO on file for four years from t make a copy available to the FTB upon request. If Irn and accompanying schedules and statements,	on's return. I declare, however, that form FTB 8453-EO pefore transmitting this return to the FTB; I have yed all other requirements described in FTB Pub. he due date of the return or four years from the date I am also the paid preparer, under penalties of perjury,
ERO	ERO's-signature	Date Check if also paid preparer	Check ERO's PTIN if self-employed
Must		BERG & FREEDMAN	FEIN 52-1392008
Sign	and address 4550 MONTGOMER BETHESDA, MD	RY AVE SUITE 650N	ZIP code 20814-2930

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature

Firm's name (or yours if self-employed) and address

GELMAN, ROSENBERG & FREEDMAN
4550 MONTGOMERY AVE SUITE 650N

BETHESDA, MD

| Check | Faid preparer's PTIN | Pol 1329488 | Pol 132948 | Pol

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2015

 ${\sf ZIP\ code\ } 20814-2930$

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

JUNE 30, 2016

Prepared for	NATIONAL MARINE SANCTUARY FOUNDATION 8601 GEORGIA AVENUE NO. 510 SILVER SPRING, MD 20910
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
Amount due or refund	BALANCE DUE OF \$225.00
Make check payable to	ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS
Mail tax return and check (if applicable) to	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 114481		Check if:		
		nge of address		
NATIONAL MARINE SANCTUARY FOUNDATION Name of Organization	Ame	nded report		
8601 GEORGIA AVENUE, NO. 510 Address (Number and Street)	Corporate o	or Organization No. 9597885		
SILVER SPRING, MD 20910 City or Town, State and ZIP Code	Federal Em	ployer I.D. No. 94-3370994		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Attorney General's R				
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	<u> </u>
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$15 \$22 \$30	25
PART A - ACTIVITIES				
For your most recent full accounting period (beginning $\frac{07/01/20}{10,218,683}$ Total assets \$		ng 06/30/2016) list: 099,755•		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD O	OF THIS RE	PORT		
Note: If you answer "yes" to any of the questions below, you must attach a se and details for each "yes" response. Please review RRF-1 instructions				
			Yes	No
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?				х
 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? 				х
3. During this reporting period, did non-program expenditures exceed 50% of gro	oss revenue	s?		Х
4. During this reporting period, were any organization funds used to pay any pen with the Internal Revenue Service, attach a copy.	nalty, fine or	judgment? If you filed a Form 4720		Х
5. During this reporting period, were the services of a commercial fundraiser or full f "yes," provide an attachment listing the name, address, and telephone number 1.	•	• •		Х
During this reporting period, did the organization receive any governmental fur name of the agency, mailing address, contact person, and telephone number.	•	provide an attachment listing the SEE STATEMENT 14	Х	
 During this reporting period, did the organization hold a raffle for charitable pu the number of raffles and the date(s) they occurred. 	rposes? If "	yes," provide an attachment indicating		Х
8. Does the organization conduct a vehicle donation program? If "yes," provide a operated by the charity or whether the organization contracts with a commerce				Х
9. Did your organization have prepared an audited financial statement in accordance principles for this reporting period?	ance with ge	nerally accepted accounting	Х	
Organization's area code and telephone number 301-608-3040				
Organization's e-mail address				
I declare under penalty of perjury that I have examined this report, including accompanying correct and complete.	g documents	, and to the best of my knowledge and belief, i	t is tru	e,
VELMA HART		FO		
Signature of authorized officer Printed Name	Titi	e Date		

FORM RRF-1 INFORMATION REGARDING GOVERNMENT FUNDING PART B, LINE 6

STATEMENT 14

US DEPARTMENT OF COMMENCE 1401 CONSTITUTION AVE. NW, WASHINGTON DC 20230 \$7,746,688 US DEPARTMENT OF INTERIOR 1849 C STREET NW, WASHINGTON DC, 20240 \$45,000

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

• If yo	ou are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		>	. X					
• If yo	ou are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form).							
Do no	t complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed Fo	rm 8868.						
Electr	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a corp	oration					
require	ed to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically f	ile Form 88	368 to request an e	extension					
of time	e to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers /	Associated With Ce	ertain					
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,											
visit w	risit www.irs.gov/efile and click on e-file for Charities & Nonprofits.										
	Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).										
A corp	oration required to file Form 990-T and requesting an auton	natic 6-mc	onth extension - check this box and	complete							
Part I	only				>						
All oth	er corporations (including 1120-C filers), partnerships, REM			st an exten	sion of time						
to file	income tax returns.			Enter file	er's identifying nur	nber					
Туре	Name of exempt organization or other filer, see instruc	ctions.		Employer	identification num	ber (EIN) or					
print						, ,					
	NATIONAL MARINE SANCTUARY E	OUND	ATION		94-337099	94					
File by tl due date		ee instruct	tions.	Social se	curity number (SSN	1)					
filing you	* 8601 GEORGIA AVENUE, NO. 51				,	,					
return. S instructi		reign add	ress, see instructions.								
	SILVER SPRING, MD 20910	Ü	,								
Enter 1	the Return code for the return that this application is for (file	a separa	te application for each return)			0 1					
		•	,								
Applic	ation	Return	Application			Return					
 Is For		Code	Is For			Code					
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)			07					
	990-BL	02	Form 1041-A			08					
	1720 (individual)	03	Form 4720 (other than individual)			09					
	990-PF	04	Form 5227			10					
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
	990-T (trust other than above)	06	Form 8870			12					
	VELMA HART										
• The	books are in the care of > 8601 GEORGIA AV	Æ, Sτ	JITE 501 - SILVER	SPRIN	G, MD 2091	L 0					
	ephone No. > 301-608-3040		Fax No. ▶		<u> </u>						
	ne organization does not have an office or place of business	s in the Un	· ————								
	nis is for a Group Return, enter the organization's four digit (check this					
box 🕨											
	request an automatic 3-month (6 months for a corporation										
			tion return for the organization name		The extension						
	s for the organization's return for:	J	3								
	calendar year or										
	X tax year beginning JUL 1, 2015	, an	d ending JUN 30, 2016								
	, , , , , , , , , , , , , , , , , , , ,		<u> </u>		_						
2	If the tax year entered in line 1 is for less than 12 months, cl	heck reas	on: Initial return	Final retur	n						
	Change in accounting period										
3a	f this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax, less anv								
	nonrefundable credits. See instructions.	,	, ,	3a	\$	0.					
	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	refundable credits and								
	estimated tax payments made. Include any prior year overp			3b	\$	0.					
	Balance due. Subtract line 3b from line 3a. Include your pa			1 55	•						
	by using EFTPS (Electronic Federal Tax Payment System).	•	,	3с	\$	0.					
	on. If you are going to make an electronic funds withdrawal				*						
instru	• •	, 5 - 50	,	 u	2 20. 2 20 10	i ,					

LHA 523841 For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Common or programmation Demployer identification number	<u>A</u>	For th	e 2015 calendar year, or tax year beginning 000 1, 2015 and 6	enaing i	JUN 30, 2010)					
Display Dis	В	Check if applicab	C Name of organization		D Employer identif	ication number					
Number and street (of P.D. tox II mails not delivered to Street address) Soundaries Sounda	Σ	Addre	NATIONAL MARINE SANCTUARY FOUNDATION								
Number and street (In*PLANON*) flat is not adulated to street adulated. Elephone number Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town state City or t					94-3	370994					
		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er					
City or town, state or province, country, and 2/P or foreign postal code G Gooss revelets \$ 1.19 / 1.19 / 1.18 \		Final	, 8601 GEORGIA AVENUE		301-608-3040						
STLVER SPRING, MD 20910		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,197,168.					
Start and address of principal officer.KRISTEN J. SARRI for subordinates? vise X No No ARX No AR		Amen return			H(a) Is this a group	eturn					
SAME AS C ABOVE		Application	F Name and address of principal officer: KRISTEN J. SARRI		-						
Taxewampet statuse: XI 501(c)(3) 501(c)(1) 40 (insert no.) 4947(a)(1) or 527		pendi			l .	—					
Website: WWW. MARTNESANCTUARY.ORG Htc Group exemption number Name of organization: X Corporation: Trust Association Other Lyear of formation: 2000 M State of legal domicile: MI Part Summary	$\overline{\Gamma}$	Тах-ех		r 52	- 1						
Part Summary 1 Briefly describe the organization: X Department Department X Department Depa					┥,						
Briefly describe the organization's mission or most significant activities: SEE PART TIT, LINE 1. 2				I Veal							
Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.				L roa	Torrormation: 2000	VI Otate of legal dofficite, 222					
2 Check this box		$\overline{}$		PART	TTT LINE 1.						
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	če	'	bliefly describe the organization's mission of most significant activities.			<u>'</u>					
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	nar		Check this have	ad of mou	ro than OEO/ of its not a						
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	Ver										
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	Ĝ	1 .									
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	∞	1 -									
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	ties	I -				1					
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	⋛		, , , , , , , , , , , , , , , , , , , ,								
8 Contributions and grants (Part VIII, line 1h) 20 9,944 7,727 10,725,102 9,944 7,727 10,725,102 9,944 7,727 10,725,102 9,944 7,727 10,725,102 9,944 7,727 10,725,102 10,72	Ac										
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 38 No04, 197, 7, 564, 834. 39 Revenue less expenses. Subtract line 21 from line 20 30 Notal assets (Part X, line 26) 30 Notal assets (Part X, line 26) 30 Notal assets (Part X, line 26) 31 Notal isabilities (Part X, line 26) 32 Notal assets (Part X, line 26) 33 Notal Revenue less expenses (Part X, line 26) 34 Notal Revenue less expenses. Subtract line 21 from line 20 35 Notal Revenue less expenses. Subtract line 21 from line 20 36 Notal Revenue less expenses. Subtract line 21 from line 20 36 Notal Revenue less expenses. Subtract line 21 from line 20 36 Notal Revenue less expenses. Subtract line 21 from line 20 37 Notal		b	Net unrelated business taxable income from Form 990-T, line 34	·····							
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (A), line 11e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Intal assets (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Net assets or fund balances. Subtract line 21 from line 20 25 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 26 Primt' I Signature Block 27 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 28 Preparer 29 Firm's name				_							
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ne	8									
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	/en	9	•			· · · · · · · · · · · · · · · · · · ·					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Ŗ	10				24,807.					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,542,388 1,347,969 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 0 0 0 0 0 0	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			222,686.					
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1, 915, 185, 2, 237, 289, 16a Professional fundraising ees (Part IX, column (D), line 25) 5 Total fundraising expenses (Part IX, column (D), line 25) 82, 307, 289, 282, 307, 289, 282, 307, 382, 307, 382, 307, 382, 309, 382, 309, 382, 309, 382, 309, 382, 309, 382, 309, 392, 392, 392, 392, 392, 392, 392, 39		_									
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,915,185 2,237,289 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 17 Other expenses (Part IX, column (A), line 25) 82,307 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,024,143 10,483,352 19 Revenue less expenses. Subtract line 18 from line 12 563,321 -264,669 20 Total assets (Part X, line 16) 8,541,653 8,099,755 21 Total liabilities (Part X, line 26) 537,456 534,921 22 Net assets or fund balances. Subtract line 21 from line 20 8,004,197 7,564,834 Part II Signature Block Signature Block Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer Firm's address 4550 MONTGOMERY AVE SUITE 650N Phone no. (301) 951-9090 Phone no.		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)								
16a Professional fundraising fees (Part IX, column (A), line 11e)											
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total assets (Part X, line 16) Total assets (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances. Subtract line 21 from line 20 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329488 Pol 1329488 Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329408 Phone no. (301) 951-9090	es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot\cdot}$								
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total assets (Part X, line 16) Total assets (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances. Subtract line 21 from line 20 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329488 Pol 1329488 Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329408 Phone no. (301) 951-9090	šuš	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total assets (Part X, line 16) Total assets (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances. Subtract line 21 from line 20 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329488 Pol 1329488 Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329408 Phone no. (301) 951-9090	ž	b	Total fundraising expenses (Part IX, column (D), line 25) 82,30	<u> </u>							
19 Revenue less expenses. Subtract line 18 from line 12 563,321264,669. Beginning of Current Year End of Year 8,541,653. 8,099,755. 537,456. 534,921. 7 total liabilities (Part X, line 26) 537,456. 534,921. 7 total liabilities (Part X, line 26) 8,004,197. 7,564,834. Part II Signature Block Signature Block Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Print/Type preparer's name Preparer's signature Print/Type preparer's name	Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)								
Beginning of Current Year 8, 541, 653 8, 099, 755 8, 0		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Preparer Use Only Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090		19	Revenue less expenses. Subtract line 18 from line 12		563,321.	-264,669.					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	JO S	3		В							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	sets	20	Total assets (Part X, line 16)			8,099,755.					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	t As	21	Total liabilities (Part X, line 26)								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		8,004,197.	7,564,834.					
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090			Signature Block								
Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name	Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stater	ments, and to the best of n	ny knowledge and belief, it is					
Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich prepare	er has any knowledge.						
Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090											
Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814−2930 Phone no. (301) 951−9090	Sig	ın	Signature of officer		Date						
Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090			▶ VELMA HART, CFO								
Paid AMY BOLAND			Type or print name and title								
Paid AMY BOLAND ff pol 329488 Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN ► 52-1392008 Use Only Firm's address 4550 MONTGOMERY AVE SUITE 650N Phone no. (301) 951-9090			Print/Type preparer's name Preparer's signature		Ollook	PTIN					
Preparer Use Only Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	Pai	d				yed P01329488					
Use Only Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	Pre	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN								
BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	Use	Only									
		•			Phone no. (3	301) 951-9090					
	Ma	y the I									

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	NMSF'S MISSION IS TO ENHANCE NATIONAL MARINE SANCTUARIES IN THEIR GOAL
	TO PROTECT ESSENTIAL MARINE AREAS AND TO ENSURE A HEALTHY OCEAN.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5,669,220 • including grants of \$ 332,488 •) (Revenue \$
4a	(Code:) (Expenses \$ 5,669,220. including grants of \$ 332,488.) (Revenue \$ NOAA COOPERATIVE AGREEMENT: SUPPORT FOR PUBLIC AWARENESS AND
	EDUCATIONAL PROGRAMS RELATING TO NATIONAL MARINE SANCTUARIES;
	OUTFITTING VISITOR CENTERS WITH STATE OF THE ART EXHIBITS; CONNECTING
	THE NETWORK OF VISITORS TO AQUARIA AND VISITORS CENTERS VIA TECHNOLOGY;
	DEVELOPING NATIONAL AND REGIONAL EDUCATIONAL OPPORTUNITIES FOR STUDENTS
	AND FAMILIES; FACILITATING SANCTUARY MANAGEMENT PROCESSES; AND HOLDING
	A POLICY-FOCUSED SYMPOSIUM.
	TODICI TOCOBED BIM OBTOM:
4b	(Code:) (Expenses \$ 1,384,411. including grants of \$ 418,240.) (Revenue \$ 4,796.)
	SANCTUARY SITE SUPPORT: DIRECT SUPPORT FOR NATIONAL MARINE SANCTUARIES
	AND THEIR EDUCATIONAL, SCIENTIFIC AND OUTREACH EFFORTS.
_	(Code:) (Expenses \$ 861,572 • including grants of \$ 489,334 •) (Revenue \$
4c	(Code:) (Expenses \$ 861,572 including grants of \$ 489,334) (Revenue \$ IN PARTNERSHIP WITH NOAA NATIONAL MARINE FISHERIES SERVICE, NMSF
	DEVELOPS AND IMPLEMENTS MARINE EDUCATION AND OUTREACH PROJECTS -
	RANGING IN SCOPE FROM NATIONAL, INTERNATIONAL, REGIONAL, TO
	SITE-SPECIFIC, AND RANGING IN PARTNERS ACROSS PUBLIC AND PRIVATE
	ORGANIZATIONS - DESIGNED TO PROMOTE AWARENESS AND UNDERSTANDING OF
	MARINE SPECIES AND HABITATS, INCLUDING SANCTUARY SITES, SANCTUARY
	RESOURCES, THREATENED AND ENDANGERED SPECIES AND THEIR HABITATS, MARINE
	MAMMALS, FISHERIES AND FISH HABITATS.
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 733,857 • including grants of \$ 107,907 •) (Revenue \$ 43,859 •)
4e	Total program service expenses ▶ 8,649,060.
	Form 990 (2015

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)?		77	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		21
4	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7,7
	Schedule D, Part III	8		X
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?			v
	If "Yes," complete Schedule D, Part IV	9		X
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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
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		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
L	Schedule D, Parts XI and XII Was the example the included in consolidated independent sudited financial attacements for the tay year?	12a	Λ	
a	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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	Х	
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		Х
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		Х
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	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Form **990** (2015)

Part IV Checklist of Required Schedules (continued)

b If "Yes" to line 20a, did the organization report more than \$5,000 of grants or other assistance to any domestic organization report more than \$5,000 of grants or other assistance to any domestic organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 21 if "Yes," complete Schedule I, Parts I and III 21 X 2				Yes	No
21 bill the organization report more than \$5,000 of grants or other assistance to any domestic organization or demestic potential part of the organization or other assistance to any domestic potential part of the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and if Part IX column (A), line 27 if "Yes," complete Schedule I, Parts I and if Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and If	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 23 Did the organization area "Yes" to Part II. 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 X 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 J. Part II is the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 27b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 27d Did the organization with a disqualified person during the year? 24d 27d Did the organization with a disqualified person of uning the year? 24d 27d Did the organization has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors of these persons? If "Yes," complete Schedule L, Part II 26d X 27d Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 27d Did the organization organization related to any time during the special part of these persons If "Yes," complete Schedule II, Part IV 27d Did the organization organization rel	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 20 Did the organization answer "Yes" to Part VIII, 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. 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 25a Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? of the organization and as an "on behalf of issuer for bonds outstanding at any time during the year? 25c Section 501(c)(3), 501(c)(4), and 501(c)(20) 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 IX 25b IX 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 or prof. Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25c 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, nighest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27b Did the organization aparty to a business transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person? If "Yes," complete Schedule L, Part III 28c Was the organization aparty to a business transaction with a disqualified person in a prior year, and that the transaction h		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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 X 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization acts an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d 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 X 25b List the organization and a star that rengaged 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-E27 If "Yes," complete Schedule L, Part II 25b L, Part I 25c 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, or disqualified persons? If "Yes," complete Schedule L, Part III 25c Did the organization provide a grant or orther assistance to an officer, director, trustee, leve employee, substantial contributors for applicable filing thresholds, conditions, and exceptions? 25c Just and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 26c X 27d Did the organization aparty to a business transaction with one of the following pa	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 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 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization export any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, exp employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b X 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 IV 28 Was the organization party to a business transaction with one of the following parties (see Schedule L, Part IV 28 Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 39 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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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 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 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 X 33 Did 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 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 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					v
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of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c 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 key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 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 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 Did 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 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	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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c 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 28					v
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c 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 level employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29		•	27		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c 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 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 I 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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	28				
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c 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 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 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 32 A 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 33 A X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 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					v
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Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	С		1		7.7
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If "Yes," complete Schedule N, Part I 31		contributions? If "Yes," complete Schedule M	30		X
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b				
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Section 30 (C)(3) of garileations. Did the organization make any transfers to an exempt non-chantable related organization:	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 X		If "Yes," complete Schedule R, Part V, line 2	36		Х
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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	X	

Form **990** (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section of the number reported in Box 3 of Form 1096. Enter-0- if not applicable 1a 114 15 15 15 15 15 15 1		Check if Schedule O contains a response or note to any line in this Part V				Ш
b Enter the number of Forms W2G included in line 1a. Enter of Find applicable 10 10 10 10 10 10 10 1					Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (approximate) and provided the provided of the calendar year ending with or within the year covered by this return 2a 40 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Lift the organization have an entered to business greater than 250, you may be required to e-file (see instructions) 3b Lift the organization have an entered the contribution of the sea	1a		^			
Gambling) winnings to prize winners? a Effect 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 b I fall teast one is reported on line 2a, did the organization line all negulined federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) b If I'ves, "a list lifed a Form 990 To for this year II "hos," to file 83, porceive and very lines or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A 1 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 A 1 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 A 1 any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," did the organization have annual pross receipts from 889617. 5c I "Yes," did the organization have annual pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 5c I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable to contributions? 6c I "Yes," did the organization receive a payment in excess of \$75 made	b		ID			
2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2b If at least on 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) 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3a If X b If "Yes," has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O 3b If a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Per 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 Was the organization and party to a prohibited tax shelter transaction? 5b Did any taxable party nority the organization file Form 8868-T7 6b Did any taxable party nority the organization file Form 8868-T7 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization sceleve apyment in excess of \$75 made party as a confiberation and party for goods and services provided to the payor? 7a X 7b If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c Did the organization sceleve apyment in excess of \$75 made party as a confiberation and party for goods and services provided to the payor? 7b If "Yes," did the organization for payore than the payor payore payore payore payor	С				37	
fleed for the calendary year ending with or within the year covered by this return. 1			I	1c	X	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a I Vit Wes, 'has it filed a Form 990-Tr for this year? If 'Mo,' to line 3b, provide an explanation in Schedule O 3b I 'Yes,' has it filed a Form 990-Tr for this year? If 'Mo,' to line 3b, provide an explanation in Schedule O 3b A At any time during the calendary 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 A Exploration of the foreign country Schedule O 5b I 'Yes,' to line 5a or 5b, did the organization that I was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c I 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization are 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? 6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 6c I 'Yes,' did the organization noticule with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6c I bill the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c I bill the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d I 'Yes,' did the organization network of the organization file promesses a payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a contributio	2a	· · · · · · · · · · · · · · · · · · ·	40			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a In the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b If "Yes," set if filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b If "Yes," enter the name of the foreign country. ▶ 5a If 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. ▶ 5a Was the organization aparty to a prohibited tax sheller transaction of any time during the tax year? 5b If "Yes," enter the name of the foreign country. ▶ 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization the Form 88867? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b Veren not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 7c Organization state may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor? 7c Organization sell, exchange, or otherwise dispose of tangible personal prenefit contract? 7c If If "Yes," middle the organization ority the donor of the value of the goods or services provided to the payor? 7c		·			37	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if Yes, "has it filed a Form 9907 for this year? If "No," to fire 3b, provide an explanation in Schedule O 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 alacounts (FBAR). 5b 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 or part to a prohibited tax shelter transaction at any time during the tax year? 5 b Id any taxable party notify the organization file Form 8886 1? 6 lose 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 chariable contributions? 6 lot If Yes, "in the organization include with revery solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). a bill the organization sell, sexhange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 b If Yes, "did the organization neceive apyrunds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c X 9 if the organization received a contribution of qualified intellectual property, did the organization file a Form 990 as required? 7 if Did the organization function of cars, boats, airplanes, or other vehicles, did the organization in a Form 1990 and 199	b			2b	Λ	
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
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a 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. 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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			/-			
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organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		ı			
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			<u> </u>			37
						X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		000	(00:

532005 12-16-15 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	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	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	anv other			
_	officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			_		
	of officers, directors, or trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or ap					
<i>1</i> a	more members of the governing body?	•		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			<i>1</i> a		
b				7b		X
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			70		
		-	-	8a	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
b				OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			9		x
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	everiue	: Code.)		V	N ₂
40-	Did the course in the second should be shown because of the second secon		i	40-	Yes X	No
	Did the organization have local chapters, branches, or affiliates?			10a	Λ	
D	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics and procedures governing the activities of such characteristics.			401-	Х	
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	у рето	re filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		95-4-0	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo				v	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva		dependent			
	$persons, comparability\ data, and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$				77	
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	Х	
	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 arranger	nent v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►CA, FL, GA, HI, M	D,M	A,MI,NY,VA	, WA	, NC	,sc
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	in Scl	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	f interest policy, and	finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	d records:			
	VELMA HART - 301-608-3040 8601 GEORGIA AVE, SUITE 501, SILVER SPRING, MD 20	910				

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

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

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

(A)	(B)	l	111126	((прсі	iisat	(D)	(E)	(F)
Name and Title	Average		not c	Pos heck	ition more	than		Reportable	Reportable	Estimated
	hours per week	box offic	, unle cer an	ss pe id a d	rson irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	ae			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		ee	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	dualt	utiona	<u>_</u>	Key employee	est col	l l			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) BOB TALBOT	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) DAWN MARTIN	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) FRED KEELEY	0.50									
TRUSTEE UNTIL MAY, 2016		Х						0.	0.	0.
(4) RICHARD BEN-VENISTE	0.50							_	_	_
TRUSTEE		Х						0.	0.	0.
(5) STEPHEN COAN	0.50								_	_
TRUSTEE		Х						0.	0.	0.
(6) JAMES LJ. CONNAUGHTON	0.50									
TRUSTEE		Х						0.	0.	0.
(7) ANDY KARSNER	0.50	١								•
TRUSTEE	0.50	Х						0.	0.	0.
(8) TOBY MOFFETT	0.50							_		0
TRUSTEE	0 50	Х						0.	0.	0.
(9) ROBERT TRAINOR	0.50	,,						_		•
TRUSTEE	0 50	Х						0.	0.	0.
(10) JAMES CROWLEY	0.50	. ,						0.	0	0
TRUSTEE	0.50	Х						0.	0.	0.
(11) DON BAUR	0.30	X						0.	0.	0.
TRUSTEE (12) STEVE GAINES	0.50	^						0.	0.	0.
TRUSTEE	0.30	X						0.	0.	0.
(13) B. HOLT THRASHER	0.50	Δ						· ·	0.	<u> </u>
TRUSTEE	0.30	x						0.	0.	0.
(14) ADAM LOWRY	0.50							•	•	
TRUSTEE	0.30	x						0.	0.	0.
(15) JASON PATLIS	40.00								•	
PRESIDENT & CEO UNTIL APRIL 30,2016	1000	1		x				151,731.	0.	21,467.
(16) ALLISON ALEXANDER	40.00			Ë						,_,
VICE PRESIDENT		1		x				83,859.	0.	20,457.
(17) TED LILLESTOLEN	40.00							,		.,
PRESIDENT & CEO SINCE MAY 2ND, 2016		1		х				0.	0.	0.
532007 12-16-15	•									Form 990 (2015)

532007 12-16-15 Form **990** (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A)	(B)			(0	C)			(D)	(E)				
	Name and title	Average	(do		Pos		than o	nne	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson	is botl	n an	compensation	compensation	ո	an	ount (of
		week	\vdash	cer an	nd a d	irecto	or/trus	tee)	from	from related			other	
		(list any hours for	rector						the	organizations			pensa	
		related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		om the	
		organizations	rustee	l trust		e e	ubeu		(44-2/1099-141130)			•	anizati d relate	
		below	dual t	tiona	١	nploy	st cor	-					nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3-			
						_								
			1											
	Sub-total							>	235,590.		0.	4	1,9	
	Total from continuation sheets to Part VI							>	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	235,590.		0.	4	1,9	24.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wh	o r	eceived more than \$100	,000 of reportable	Э			4
	compensation from the organization												<u>,, </u>	<u>. 1</u>
											-		Yes	No
3	Did the organization list any former officer,			e, ke	ey er	nplo	yee,	or	highest compensated e	mployee on				37
	line 1a? If "Yes," complete Schedule J for s											3		_ <u>X</u> _
4	For any individual listed on line 1a, is the su												37	
	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a	•				-		elat	ted organization or indivi	idual for services				37
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		X
	tion B. Independent Contractors									*				
1	Complete this table for your five highest co	•								•	pensa	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
	(A)	addross							(B)	onvices	C	(C	;) nsatior	^
·								Jilibei	ISalioi					
SARAH MARQUIS									1 2	2 a	3 N			
4 ALICANTE AISLE IRVINE, IRVINE, CA 92614 CONSULTING FEES									14	2,9	JU •			
-								\dashv		+				
								\dashv		+				
								- 1						

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2015)

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Total revenue Related or Unrelated from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 14,158 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d 7,791,688 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 2,138,881 g Noncash contributions included in lines 1a-1f: \$ 9,944,727 h Total. Add lines 1a-1f Business Code 2 a REGISTRATION FEES Program Service Revenue 900099 26,463 26,463 b f All other program service revenue g Total. Add lines 2a-2f 26,463 Investment income (including dividends, interest, and 22,792 22,792 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 976,246 assets other than inventory b Less: cost or other basis 974,231 and sales expenses 2,015. c Gain or (loss) 2,015 2,015. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances 26,446. 4,254. **b** Less: cost of goods sold 22,192. 22,192 **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a REIMBURSEMENTS 900099 147,247 147,247. b ADMINISTRATIVE FEES 900099 53,247 53,247. С d All other revenue 200,494 e Total. Add lines 11a-11d 10,218,683 Total revenue. See instructions. 48,655 225,301.

Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, 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	1 245 262	·		
	and domestic governments. See Part IV, line 21	1,347,969.	1,347,969.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	300,625.	201,410.	00 761	0 151
_	trustees, and key employees	300,023.	201,410.	89,764.	9,451.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,526,355.	1,022,614.	455,758.	47,983.
7	Other salaries and wages	1,340,333.	1,044,014.	400,100.	41,303
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,872.	17,334.	7,725.	813.
•		224,443.	150,370.	67,017.	7,056.
9	Other employee benefits	159,994.	107,191.	47,773.	5,030
10	Payroll taxes	133,334.	107,151.	47,775	3,030
11					
b	Management	27,396.		27,396.	
	Legal	52,791.		52,791.	
	Lobbying	3277320		3277320	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	3,505,452.	3,036,389.	465,178.	3,885
12	Advertising and promotion	36,044.	31,221.	4,783.	3,885.
13	Office expenses	319,399.	247,639.	68,406.	3,354
14	Information technology	139,085.	24,691.	113,653.	741
15	Royalties		-		
16	Occupancy	368,612.	246,982.	121,630.	
17	Travel	537,730.	482,401.	53,499.	1,830.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	184,700.	159,985.	24,510.	205
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	109,006.	107,651.	1,355.	
23	Insurance	17,795.		17,795.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	VECCET ODEDANTONC	435,615.	435,615.		
a b	EVENTS AND CATERING	423,522.	366,851.	56,202.	469.
c	VIDEO/MEDIA PRODUCTION	195,614.	169,439.	25,958.	217.
d	EQUIPMENT	154,975.	145,873.	9,102.	
	All other expenses	390,358.	347,435.	41,690.	1,233.
25	Total functional expenses. Add lines 1 through 24e	10,483,352.	8,649,060.	1,751,985.	82,307
<u> </u>	Joint costs. Complete this line only if the organization	-	-	-	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,706,456.	1	1,417,991.
	2	Savings and temporary cash investments			72,991.	2	127,053.
	3	Pledges and grants receivable, net			868,983.	3	604,439
	4	Accounts receivable, net			88,184.	4	611,863
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
ts		employees' beneficiary organizations (see instr).	. Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			324.	9	20,933
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	376,722.			
	b	Less: accumulated depreciation	10b	361,422.	108,606.	10c	15,300
	11	Investments - publicly traded securities			5,689,444.	11	5,204,408
	12	Investments - other securities. See Part IV, line			12	89,168	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		6,665.	15	8,600	
	16	Total assets. Add lines 1 through 15 (must equ			8,541,653.	16	8,099,755
	17	Accounts payable and accrued expenses			516,127.	17	518,020
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	r office	rs, directors, trustees,			
≝		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	3 17-24). Complete Part X of	04 000		1.5.001
		Schedule D			21,329.	25	16,901
	26	Total liabilities. Add lines 17 through 25			537,456.	26	534,921
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			F 0FC 140		4 050 460
au	27	Unrestricted net assets			5,856,140.	27	4,852,462
Bal	28	Temporarily restricted net assets		2,148,057.	28	2,712,372.	
Dd	29	Permanently restricted net assets		29			
로		Organizations that do not follow SFAS 117 (A					
Net Assets or Fund Balances		and complete lines 30 through 34.					
Set	30	Capital stock or trust principal, or current funds				30	
Asi	31	Paid-in or capital surplus, or land, building, or ed				31	
et	32	Retained earnings, endowment, accumulated in			0 004 107	32	7 5 6 4 0 3 4
-	33	Total net assets or fund balances			8,004,197.	33	7,564,834
	34	Total liabilities and net assets/fund balances			8,541,653.	34	8,099,755.

Form **990** (2015)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,				
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,				
3	Revenue less expenses. Subtract line 2 from line 1	3				69.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,004,197			
5	Net unrealized gains (losses) on investments	5	_	15	4,6	88.	
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		-2	0,0	06.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	7,	56	4,8	34.	
Pa	rt XII Financial Statements and Reporting	•					
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit				
	Act and OMB Circular A-133?			3a	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h	Х		

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94 - 3370994

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.		
The	organ	ization is not a private found	ation because it is: ((For lines 1 through 11, o	check only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	同	•					-	the hospital's name	
•		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
_			An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						
5	ш	· ·		niege of university owner	u or opera	ted by a g	overnmental unit descrit	ed in	
_		section 170(b)(1)(A)(iv). (C	•						
6	\	A federal, state, or local government	-						
7	X	An organization that norma	•	intial part of its support	from a gov	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from	
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
11		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to carry out the	purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). 0	Check the box in	
		lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	s 11e, 11f, and 11g.		
а		Type I. A supporting orga	nization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org			tion with it	ts support	ed organization(s), by ha	ving	
		control or management o	•					-	
		organization(s). You mus			•			•	
С		☐ Type III functionally inte	-		in connec	tion with, a	and functionally integrate	ed with.	
		its supported organization	= ::				• •	•	
d		Type III non-functionally		•				zation(s)	
		that is not functionally int							
		requirement (see instruct	-		-		-		
е		Check this box if the orga	•						
_		functionally integrated, or					· · · · · · · · · · · · · · · · · · ·		
f	Fnte	er the number of supported of	• •	, , , , , , , , , , , , , , , , , , , ,	9 5.94				
a.		vide the following information	-						
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of	
		organization		(described on lines 1-9		in your document?	support (see	other support (see	
				above (see instructions))	Yes	No	instructions)	instructions)	
Γota	tal								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 NATIONAL MARINE SANCTUARY FOUNDATION 94-3370994 Page 2

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.)

Section A. Public Suppo	rt						
Calendar year (or fiscal year begins	ning in) ▶ (a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1 Gifts, grants, contributions,	and						
membership fees received.	(Do not						
include any "unusual grants	s.") 6,714,102.	7,325,454.	7,415,881.	10,725,102.	9,944,727.	42,125,266.	
2 Tax revenues levied for the	organ-						
ization's benefit and either p	paid to						
or expended on its behalf							
3 The value of services or fac	ilities						
furnished by a governmenta	al unit to						
the organization without ch							
4 Total. Add lines 1 through 3	6,714,102.	7,325,454.	7,415,881.	10,725,102.	9,944,727.	42,125,266.	
5 The portion of total contribution	utions						
by each person (other than	a						
governmental unit or public	,						
supported organization) inc							
on line 1 that exceeds 2% of	of the						
amount shown on line 11,							
column (f)							
6 Public support. Subtract line 5						42,125,266.	
Section B. Total Support		<u> </u>			· · · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year begin	• ,	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
7 Amounts from line 4		7,325,454.	7,415,881.	10,725,102.	9,944,727.	42,125,266.	
8 Gross income from interest	·						
dividends, payments receiv							
securities loans, rents, roya	1 4 6 4 4 4 1	107 200	101 101	40 020	22 702	E00 E2E	
and income from similar sou		187,309.	181,191.	48,832.	22,792.	588,535.	
9 Net income from unrelated							
activities, whether or not th							
business is regularly carried	***						
10 Other income. Do not include	ı I						
or loss from the sale of cap	4 204	17 560	16 105	E0 E07	000 404	200 005	
assets (Explain in Part VI.)		17,300.	16,125.	59,587.	200,494.	298,095.	
11 Total support. Add lines 7 th		,				43,011,896. 283,377.	
·	activities, etc. (see instruction				12	203,311.	
	990 is for the organization's			-		▶□	
organization, check this box Section C. Computation		rcentage				P	
14 Public support percentage			rolumn (f)\		14	97.94 %	
	from 2014 Schedule A, Part				15	97.96 %	
					· · · · · · · · · · · · · · · · · · ·		
• • •	16a 33 1/3 % support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X ■ X						
	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	ation qualifies as a publicly s					▶ □	
17a 10% -facts-and-circumsta						or more	
	ts the "facts-and-circumstan					•	
_	nstances" test. The organiza				-		
b 10% -facts-and-circumsta							
	n meets the "facts-and-circu						
,		•		•		▶□	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2015

Part III | 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.)

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support					_	
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
_							<u></u> ▶□
	ction C. Computation of Publ						
	Public support percentage for 2015 (15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						
70	Private folingation if the organization	D DIO DOT CDACK 3	$nnv \cap n = n \cap 1/1 = 10$	n ar iun chackt	THE DAY SHA CAA IN	CITITOTIONS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- **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.
- **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.
- 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)? 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 I of Schedule L (Form 990 or 990-EZ).
- 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**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

		Yes	No
Γ			
-	1		
	2		
ı	_		
	3a		
- 1	01		
H	3b		
- 1	3с		
Ī			
	4a		
	41		
1	4b		
	4c		
- 1	5a		
Ī			
	5b		
L	5c		
	6		
}	7		
	8		
İ			
L	9a		
	Oh		
-	9b		
	9с		
Ī			
-	10a		
	10h		
m 99	10b 90 or 99	0-E <i>Z</i>	2015

Pai	rt IV Supporting Organizations _(continued)			
	(SIMILAR)		Yes	No
11	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		
С	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		
Sec	tion 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		
<u>Sec</u>	tion 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		
Sec	tion D. All Type III Supporting Organizations	$\overline{}$	1	
	5		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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	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			
Ū	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		
Sec	tion 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 yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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			
_		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	· · · · · · · · · · · · · · · · · · ·	3a		
b		3h		

532025 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must con	mplete	Sections A through E.		
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally	y-integr	ated Type III supporting org	anization (see	

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Schedule A (Form 990 or 990-EZ) 2015 NATIONAL MARINE SANCTUARY FOUNDATION 94-3370994 Page 7

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou				
2	Amou				
	organ				
3	Admir	nistrative expenses paid to accomplish exempt purpose			
4	Amou	nts paid to acquire exempt-use assets	•		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive	 e	
		de details in Part VI). See instructions.	3		
9		outable amount for 2015 from Section C, line 6			
10		B amount divided by Line 9 amount			
			(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	ion E -	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2		rdistributions, if any, for years prior to 2015			
		onable cause required-see instructions)			
3		ss distributions carryover, if any, to 2015:			
a	LAGGE	o distributions sarry over, if any, to 2010.			
b					
c					
	From	2013			
	From 2014				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
i		over from 2010 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2015 from Section D,			
	line 7:	· · · · · · · · · · · · · · · · · · ·			
а		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2015, if			
		Subtract lines 3g and 4a from line 2 (if amount			
	-	er than zero, see instructions).			
6	_				
		ining underdistributions for 2015. Subtract lines 3h b from line 1 (if amount greater than zero, see			
		ctions).			
7		ss distributions carryover to 2016. Add lines 3			
	and 4	-			
8		down of line 7:			
a					
b					
	Exces	ss from 2013			
		ss from 2014			
		on from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

NATIONAL MARINE SANCTUARY FOUNDATION

94-3370994

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	lly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
but it mu	st answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

NATIONAL MARINE SANCTUARY FOUNDATION

94-3370994

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$9,269.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

94-3370994

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 15,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>11,100.</u>	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
13		\$_	20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
14		\$_	5,522.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
15		\$_	5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
16	Nume, address, and Zir + 4	\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
17		\$_	38,076.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
18		\$_	5,500.	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$11,845.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 25,120.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ 5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ 7,425.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,500.	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
31		\$_	12,165.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
32		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
33		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
34		\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
35		\$_	6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
36		\$_	6,000.	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ 7,746,688.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ 45,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

NATIONAL MARINE SANCTUARY FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number NATIONAL MARINE SANCTUARY FOUNDATION 94-3370994 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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.

2015

Open to Public Inspection

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

	Section 501(c)(4) (5) or (6) organize	tions: Complete Part III			
	Section 501(c)(4), (5), or (6) organizane of organization	tions. Complete Part III.		ΙE	mployer identification number
	<u> </u>	L MARINE SANCTUAR	RY FOUNDATI		94-3370994
Pa		ganization is exempt unde			
2	Provide a description of the organize Political expenditures Volunteer hours	·)	
Pa	art I-B Complete if the org	ganization is exempt unde	er section 501(c)	(3).	
	Enter the amount of any excise tax	•		· <i>'</i>	> \$
	Enter the amount of any excise tax				
	If the organization incurred a section				
4a	Was a correction made?				Yes No
_	If "Yes," describe in Part IV.	 			0.1/_\/0\
Pa	art I-C Complete if the org	ganization is exempt unde	er section 501(c)	· · · · · · · · · · · · · · · · · · ·	01(c)(3). ► \$
3	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were prepolitical action committee (PAC). If	s. Add lines 1 and 2. Enter here are 1120-POL for this year? Inployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	nd on Form 1120-POL I) of all section 527 poly I from the filing organics separate political org	olitical organizations to vization's funds. Also entiganization, such as a se	which the filing organization er the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	s contributions received and

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

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 I Part II-A Complete if the org	NATIONAL M	ARINE SANCTU	JARY FOUNDAT	ION 94-3	3370994 Page 2		
	anization is ex	empt under section	on 501(c)(3) and file	ed Form 5768(election under		
expenses, and shar	e of excess lobbyin	• . ,		group member's nar	ne, address, EIN,		
		and "limited control" pr	ovisions apply.	(a) Filing	(b) Affiliated group		
	s on Lobbying Exp itures" means am	penditures ounts paid or incurred.)	organization's totals	totals		
1a Total lobbying expenditures to influ							
b Total lobbying expenditures to influ							
c Total lobbying expenditures (add lin							
d Other exempt purpose expenditure							
e Total exempt purpose expenditures			i				
f Lobbying nontaxable amount. Ente							
If the amount on line 1e, column (a) of	` ′	obbying nontaxable am					
Not over \$500,000		of the amount on line 1e					
Over \$500,000 but not over \$1,000	' ' '	000 plus 15% of the exc					
Over \$1,000,000 but not over \$1,500,000 but not over \$17,000,000 but not over \$17,000 but not		•	% of the excess over \$1,000,000. 6 of the excess over \$1,500,000.				
Over \$1,300,000 but not over \$17,000,000		0.000 plus 5% of the exce	ess over \$1,500,000.				
Over \$17,000,000	\$1,00	0,000.					
g Grassroots nontaxable amount (en	ter 25% of line 1f)						
h Subtract line 1g from line 1a. If zero	•		i				
i Subtract line 1f from line 1c. If zero	·						
j If there is an amount other than zer					_		
reporting section 4911 tax for this		,			Yes No		
		veraging Period Under					
(Some organizations th		501(h) election do not arate instructions for li	•	of the five columns	below.		
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							

Schedule C (Form 990 or 990-EZ) 2015

94-3370994 Page 3

Schedule C (Form 990 or 990-EZ) 2015 NATIONAL MARINE SANCTUARY FOUNDATION 94-337099 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(1	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х		-	
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?	X			
	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?		Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		:	1,544.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
	Other activities?		Х		
i	Total. Add lines 1c through 1i			:	1,544.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or so	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?t III-B Complete if the organization is exempt under section 501(c)(4), section		3	L	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	R (b) Pai		ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
С	Total				
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 the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. $ \begin{array}{ccccccccccccccccccccccccccccccccccc$	list); Part l	II-A, lines 1	and 2 (see	
ADV	OCATING FOR POLICIES AND APPROPRIATIONS RELATING T	O THE	NATIC	NAL	
MAI	RINE SANCTUARY SYSTEM.				

Schedule C (Form 990 or 990-EZ) 2015

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94 - 3370994

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2 200
	, ,	(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	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a history	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	*	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	ne organization's accounting for
_	conservation easements.		
Pai			her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating 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 tre	·	gain, provide
	the following amounts required to be reported under SFAS 1		.
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 💲

Schedule D (Form 990) 2015

Pai	rt III Orgar	nizations Maintaining C	collections of Ar	t, Historical Tr	easures, or C	Other	Similar A	Assets	(continu	ıed)	
3	Using the orga	nization's acquisition, accessi	on, and other record	s, check any of the	following that are	e a sign	ificant use	of its co	llection	items	s
	(check all that	apply):									
а	Public ex	xhibition	d	Loan or excl	nange programs						
b	Scholarly	y research	е	Other							
С	Preserva	ation for future generations									
4	Provide a desc	cription of the organization's co	ollections and explair	n how they further th	ne organization's	exemp	t purpose	in Part X	III.		
5		r, did the organization solicit o				imilar as	sets				1
		aise funds rather than to be m							Yes		No
Pai		w and Custodial Arran		te if the organization	n answered "Yes	s" on Fo	rm 990, Pa	art IV, lin	e 9, or		
		d an amount on Form 990, Pa									
1a	-	ation an agent, trustee, custod		•							1
	on Form 990, I	Part X?						Ш	Yes		No
b	If "Yes," explain	in the arrangement in Part XIII	and complete the fol	lowing table:							
									mount		
C	Beginning bala						1c				
d		ng the year					1d				
e		luring the year					1e				
f Oo		e zation include an amount on F					1f		Yes		No
	•	zation include an amount on F in the arrangement in Part XIII.		•		•	·	—	res]
Pai		wment Funds. Complete i									
	2.140	The state of the s	(a) Current year	(b) Prior year	(c) Two years ba		Three years	hack /	e) Four y	eare l	hack
1a	Reginning of v	ear balance	5,761,725.	5,801,982.	5,474,5		4,461				500.
b			-,,	-,,	81,0			281.			
c		t earnings, gains, and losses	-66,296.	134,744.	781,3		655,087.		_		479.
d	Grants or scho		150,000.	100,000.	100,0			,000.			000.
e		tures for facilities	, -	, -	,	, ,		<u> </u>			
_	and programs		124,800.	75,000.	375,0	00.			3,850		850.
f	. •	expenses	,	,	59,9				8		984.
g	End of year ba		5,420,629.	5,761,725.	5,801,9	· · · · · · · · · · · · · · · · · · ·					187.
2	Provide the es	timated percentage of the cur	rent year end balanc	e (line 1g, column (a)) held as:	•		•			
а		ited or quasi-endowment	100.00	%							
b	Permanent en	·	%	_							
С	Temporarily re	stricted endowment	<u></u> %								
	The percentag	es on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endo	owment funds not in the posse	ssion of the organiza	ation that are held a	nd administered	for the	organizatio	on			
	by:								<u> </u>	/es	No
	(i) unrelated	organizations							3a(i)		X
	(ii) related org								3a(ii)		X
b		e 3a(ii), are the related organiza							3b		
4		rt XIII the intended uses of the		wment funds.							
Pai		Buildings, and Equipm									
		ete if the organization answere									
	Desc	cription of property	(a) Cost or ot	' '	1 '		ımulated	(4	d) Book	value)
			basis (investm	nent) basis (otner)	depre	ciation				
b								-			
C		provements		27	0,019.	2 -	4,719	_	1 -	2 (20
d					6,703.		$\frac{4,719}{6,703}$		т э	, 30	00.
					•		0,703	+	1 [3 (0.
ıota	I. Add lines 1a t	hrough 1e. (Column (d) must e	quai Form 990, Part .	x, column (B), line 1	uc.)		<u></u>	·	т э	, 5	<i>.</i>

Schedule D (Form 990) 2015

9	4 -	- 3	3	7	0	9	9	4	Page 3
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Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		line 11d. See Form 990, Part X, line 15.	1 (1)
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	- 45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		.▶
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Form 990 Part Y lin	o 25
1. (a) Description of liability	0111 01111 000, 1 art 14,	(b) Book value	C 20.
(1) Federal income taxes		(a, zeek value	
(2) REFUNDABLE ADVANCE		16,901.	
(3)		10,7010	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25)	16,901.	
Total Column (b) must equal total 330, t art A, col. (b) IIII	<u> </u>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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 X

Schedule D (Form 990) 2015

Part XI	Recon	ciliation of Revenue per Audited Financial Statements With Revenue per l	Return

Pa	Reconciliation of Revenue per Audited Financial Stat	ements with	i Revenue per R	eturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	10,069,222.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-154,688.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	5,227.		
е	Add lines 2a through 2d			2e	-149,461.
3	Subtract line 2e from line 1			3	10,218,683.
4	Amounts included on Form 990, Part VIII, line 12, 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			
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,218,683.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	10,488,579.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	5,227.		
е	Add lines 2a through 2d			2e	5,227.
3	Subtract line 2e from line 1			3	10,483,352.
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				
b	, , , , , , , , , , , , , , , , , , , ,	4a			
-	Other (Describe in Part XIII.)				
		4b		4c	0. 10,483,352.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE OATF ENDOWMENT FUND IS USED TO AWARD GRANTS FOR NMSF PROGRAM

ACTIVITIES. THE LOTT ENDOWMENT FUND IS USED TO PROVIDE GENERAL OPERATING

SUPPORT AND RESERVES FOR THE ORGANIZATION.

PART X, LINE 2:

FOR THE YEARS ENDED JUNE 30, 2016 AND 2015, NMSF HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

532054 09-21-15

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

NATIONAL MARINE	SANCTIIA	RV FOIINT	ıΣπτ∩N		94-33709	91
			tside the United States. Comple	te if the organ		
Form 990, Part IV		iotivities su	tolde the office states. Comple	ite ii tile organ	ization answered	163 011
1 For grantmakers. Does	the organization		ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance ou	itside the
3 Activities per Region. (TI	he following Parl	I, line 3 table c	an be duplicated if additional space is r	eeded.)		
(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)	is a prod describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND						
THE CARIBEANS	0	1	COORDINATION AND TRAINING.			32 913
			COORDINATION AND TRAINING			32,313.
			FOR STAKE			
EAST ASIA AND THE			HOLDERS, CONFERENCE			
PACIFIC	0	3	ENROLLMENT WEBSITE.			27,802.
					assistance, stance? X Yes No her assistance outside the rity listed in (d) yram service, specific type e(s) in region (f) Total expenditures for and investments in region 32,913.	
3 a Sub-total	0	4				60,715.
b Total from continuation	0	0				0
c Totals (add lines 3a						

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

Schedule F (Form 990) 2015

			Outside the United States. Cated if additional space is ne		rganization answered	d "Yes" on Form	990, Part IV, line 15, fo	r any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount 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)
2 Enterted mark	unaliniant currents !!	no linto di alto con distribuit		foundam				
			recognized as charities by the n 501(c)(3) equivalency letter					
3 Enter total number of	other organizations	or entities						

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

Part III can be duplicated if a	dditional space is neede	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the 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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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)	Yes	X 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)	Yes	X No
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)	Yes	X No
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)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		

Instructions for Form 5713; do not file with Form 990)

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2015

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, 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.

OMB No. 1545-0047

Open to Public Inspection

	► informa	tion about Schedule i	(Form 990) and its	s instructions is a	it www.irs.gov/iorini99	u.	op coulon
Name of the organization	MADINE G	ANGELLA DA GOL	IND A MIT ON				Employer identification number
Part I General Information on Grants a		ANCTUARY FOU	NDATION				94-3370994
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?	14 - 15 - 14	L. C	-1.04-4			X YesNo
2 Describe in Part IV the organization's pr					:	/ F 000 P	1 N/ 15- 04 favores
Granto and Other Addictance to					anization answered "1	res" on Form 990, Par	t IV, line 21, for any
recipient that received more than		(c) IRC section	1		(f) Method of	(a) Description of	(h) Durnage of grant
1 (a) Name and address of organization or government	(b) EIN	if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUDUBON NATURE INSTITUTE							
6500 MAGAZINE STREET		L		_			
NEW ORLEANS, LA 70118	09-2095744	501(C)(3)	25,000.	0.			ALLIANCE PARTNERS
AWAIAULU							L
2667 ANU'U PLACE	00 5100540	F01 (G) (2)	0.000	0			USING THE PAST TO INFORM
HONOLULU, HI 96819	08-7190542	501(C)(3)	9,000.	0.			THE FUTURE
BIRCH AQUARIUM							
2300 EXPEDITION WAY							
LA JOLLA, CA 92037	17-5104595	501(C)(3)	25,000.	0.			OCEAN EXPLORATION
TA COLLA, CA 92037	17-3104393	301(0)(3)	25,000.	0.			OCEAN EXPLORATION
CA MARINE SANCTUARY FOUNDATION							
99 PACIFIC STREET, BLDG 455 E							CONNECTING SANCTUARIES TO
MONTEREY, CA 93940	94-3225675	501(C)(3)	24,976.	0.			LAND, SEA, AND PEOPLE
ionizazi, cii yoyit	31 3223073	301(0)(3)	21,570.	· ·			
CARMEL UNIFIED SCHOOL							
99 PACIFIC ST. BLDG 455-A							
MONTEREY, CA 93940	77-0322693	GOVERNMENT	10,000.	0.			OCEAN GUARDIAN SCHOOL
,							
CHESAPEAKE CONSERVANCY							
716 GODDINGS AVE. STE. 42							MALLOWS BAY AREA OF
ANNAPOLIS, MD 21401	83-1691121	501(C)(3)	25,000.	0.			POTOMAC RIVER AWARENESS
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	, , , , , , , , , , , , , , , , , , ,		<u> </u>		▶ 36.

Enter total number of other organizations listed in the line 1 table

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAUPHIN ISLAND SEA LAB							
101 BIENVILLE BLVD							
DAUPHIN ISLAND, AL 36528	07-5070474	501(C)(3)	25,000.	0.			ALLIANCE PARTNERS
ECOADAPT							
P.O. BOX 11195							
BAINBRIDGE ISLAND, WA 98110	83-2063437	501(C)(3)	25,000.	0.			AMERICAN SAMOA
FRIENDS OF CAMP SEA LAB							
100 CAMPUS CENTER							
SEASIDE, CA 93955	46-0516184	501(C)(3)	12,500.	0.			HOLLINGS GRANT PROGRAM
FRIENDS OF APOSTLE ISLANDS NAT.							
LAKESHORE - P.O. BOX 1574 - BAYFIELD, WI 54814	96-9314215	501/01/31	12,521.	0.			HOLLINGS GRANT PROGRAM
BAIFIEDD, WI 34014	90-9314213	501(0)(3)	12,321.	0.			HOULINGS GRANT FROGRAM
FRIENDS OF THUNDER BAY MARINE							
SANCTUARY - 500 W. FLETCHER ST -							 HOLLINGS GRANT PROGRAM,
ALPENA, MI 49707	08-0023967	501(C)(3)	21,826.	0.			EVERY KID IN THE PARK
GLOBAL FDN FOR OCEAN EXPLORATION							
P.O. BOX 26							
WEST REDDING, CT 06896	07-8743876	501(C)(3)	12,000.	0.			PRESERVE AMERICA
·			,				
GRASSROOT GARBAGE GANG							DUMPSTER TO DISPOSE OF
811 PACIFIC HIGHWAY, SOUTH, STE #1							DEBRIS FROM BEACH
LONG BEACH, WA 98631	32-0062366	501(C)(3)	6,000.	0.			CLEANUPS
GULF OF MAINE RES. INSTITUTE							
350 COMMERCIAL STREET							
PORTLAND, ME 04101	15-6164667	OTHER	196,953.	0.			TRAVEL TO TABLE EVENT
HATFIELD MARINE SCIENCE 2030 SE MARINE SCIENCE DRIVE							
NEWPORT , OR 97365	61-1730890	OTHER	5,998.	0.			OCEAN EXPLORATION

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa I	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII CONSERV. ALLIANCE							
677 ALA MOANA BLVD, STE 320							
HONOLULU, HI 96813	79-7874646	501(C)(3)	19,000.	0.			PAPAHANAMOKUAKEA
KAKO'O OIWI							
46-005 KAWA STREET #104							WETLAND RESTORATION
KANEOHEA, HI 96744	82-9898506	OTHER	30,000.	0.			PROJECT
KILLER WHALE TALES							
P.O. BOX 16453							KIDS MAKING A DIFFERENCE
SEATTLE, WA 98116	17-0016625	501(C)(3)	12,000.	0.			NOM
LAKESHORE MUSEUM CENTER							
430 WEST CLAY AVENUE							
MUSKEGON, MI 49440	09-2948223	501(C)(3)	10,700.	0.			PRESERVE AMERICA
MARINERS MUSEUM							
100 MUSEUM DRIVE							SUPPORT FOR EDUCATOR
NEWPORT NEWS, VA 23606	06-5413817	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
MAD THINKS OF OROGINAD							
MARITIME GLOUCESTER 23 HARBOR LOOP							
GLOUCESTER, MA 01930	04-3480870	501(C)(3)	25,000.	0.			FISHING ON STELLWAGEN
NATIONAL AQUARIUM IN BALTIMORE							
111 MARKET PLACE							
BALTIMORE, MD 21202	09-3008183	501(C)(3)	25,000.	0.			OCEAN EXPLORATION
EMPTIMONE, ND 21202	03 3000103	501(0)(3)	25,000.	•••			OCEMN ENTERINE
NATIONAL PARK TRUST							
401 EAST JEFFERSON STREET, STE 203							
ROCKVILLE, MD 20850	83-6046938	501(C)(3)	25,000.	0.			HOLLINGS GRANT PROGRAM
NEW ENGLAND AQUARIUM							
1 CENTRAL WHARF							
BOSTON, MA 02110	07-3827859	501(C)(3)	25,000.	0.			HOLLINGS GRANT PROGRAM

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	,	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
OCEAN FOUNDATION							
1320 19TH STREET, NW, STE. 500							HOLLINGS GRANT PROGRAM,
WASHINGTON, DC 20036	61-1721759	501(C)(3)	20,000.	0.			EDUCATION PARTNERSHIPS
PIER AQUARIUM, INC.							
224 SECOND AVE. N STE. 203							
ST PETERSBURG, FL 33701	62-2118974	501(C)(3)	60,000.	0.			FISHERIES
SEA RESEARCH FOUNDATION							
55 COOGAN BLVD							
MYSTIC, CT 06355	09-2465061	501(C)(3)	31,067.	0.			MARINE COMMUN ECOLOGY
SEAWEB							
8403 COLESVILLE ROAD							
SILVER SPRING, MD 10910	03-6537363	501(C)(3)	120,405.	0.			SEAFOOD SUMMIT IN MALL
			,	- •			
SOUTH CAROLINA AQUARIUM							
100 AQUARIUM WHARF							
CHARLESTON, SC 29401	83-7744291	501(C)(3)	25,000.	0.			ALLIANCE PARTNERS
S.E. ALASKA FISH. ALLIAN.							
9369 NORTH DOUGLAS HWY							REDUCTION OF WHALE
JUNEAU, AK 99801	96-5163384	501(C)(3)	25,000.	0.			ENTANGLEMENTS
THE MARINE MAMMAL CENTER							MOBILIZING MIDDLE SCHOOL
2000 BUNKER ROAD, FORT CRONKHITE							STUDENTS FOR HAWAII MONK
SAUSALITO, CA 94965	05-8448572	501(C)(3)	25,000.	0.			SEAL RECOVERY
,			,				
TURTLE ISLAND RESTOR. NETWORK							
P.O. BOX 370							SEA TURTLES IN THE
FOREST KNOLLS, CA 94933	94-1818080	501(C)(3)	25,000.	0.			SANCTUARY INITIATIVE
UNIV. CORP FOR ATMO. RESEARCH							
3090 CENTER GREEN DRIVE							
BOULDER, CO 80301	08-7190542	501(C)(3)	30,000.	0.			RISING VOICES WORKSHOP

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	, age
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV. CORP. AT MONTEREY BAY							CALIFORNIA UNIVERSITY
SEASIDE, CA 93955	77-0387459	501(C)(3)	34,621.	0.			MONTERAY BAY
UNIV. OF HAWAII AT MANOA ORS 2440 CAMPUS ROAD, BOX 368 HONOLULU, HI 96822	96-5088057	OTHER	35,962.	0.		1	MARINE DEBRIS, OCEAN EXPLORATION
URI FOUNDATION 215 S FERRY RD							
NARRAGANSETT, RI 02882	13-1747271	501(C)(3)	125,000.	0.			INNER SPACE CENTER
U.S. NAVAL ACADEMY ALUMNI ASSO. 291 WOOD ROAD							
ANNAPOLIS, MD 21402	96-7719329	501(C)(3)	49,400.	0.			OCEAN EXPLORATION
W2WORTH INNOVATIONS, LLC 10999 REED HARMAN HWY, STE 223							
CINNCINNATI, OH 45242	47-4426648	OTHER	12,000.	0.			MARINE DEBRIS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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) Amount of cash grant	(d) Amount 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 req	uired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
EACH GRANTEE IS REQUIRED BY MUTUAL	LY SIGNE	D AGREEMEN	T TO SUBMI	T TO NMSF	
BOTH NARRATIVE AND FINANCIAL REPOR	TS USING	SPECIFIC	FORMS. RE	PORTS 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					

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	c Participate in, or receive payment from, an equity-based compensation arrangement?			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			l
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			77
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u></u>

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

Schedule J (Form 990) 2015

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 (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation			in column (B) reported as deferred on prior Form 990	
(1) JASON PATLIS (i	125,650.	0.	26,081.	4,552.	16,915.	173,198.	0.	
PRESIDENT & CEO UNTIL APRIL 30,2016 (ii	0.	0.	0.	0.	0.	0.	0.	
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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.
PART I, LINE 4A:
JASON PATLIS RECEIVED SEVERANCE OF \$26,081.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS - INCLUDING CAPITAL HILL OCEAN WEEK AND GALA ACTIVITIES EXPENSES \$ 733,857. INCLUDING GRANTS OF \$ 107,907. REVENUE \$ 43,859.

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 COMPLIED 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 INCLUDES A PRESENTATION FROM THE INTERESTED PERSONS, BUT EXCLUDES 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 POLICY AND MUST REFRAIN FROM ANY ACTIVITY WHICH CREATES A CONFLICT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

OF INTEREST. THE POLICY IS DESCRIBED IN THE PERSONNEL POLICY HANDBOOK AND IS MORE RESTRICTIVE THAN THE BOARD POLICY DESCRIBED ABOVE.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES OF THE NATIONAL MARINE SANCTUARY FOUNDATION (NMSF OR FOUNDATION) HAS 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 INTERNAL REVENUE CODES "EXCESS BENEFIT

TRANSACTION" RULES. THE 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 (THE

CEO/PRESIDENT), OTHER COMPENSATED OFFICERS AND/OR KEY EMPLOYEES OF THE

FOUNDATION (IF ANY). THE LAST REVIEW TOOK PLACE IN MAY, 2016.

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.

Schedule O (Form 990 or 990-EZ) (2015)

NATIONAL MARINE SANCTUARY FOUNDATION ONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING: THERE ONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESP ELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION AR ORM 990, PART VI, SECTION C, LINE 19: HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	ECT TO THE RANGEMENT. OF INTEREST
ONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECTIONS AND DECISIONS REGARDING THE COMPENSATION ARE ORM 990, PART VI, SECTION C, LINE 19: HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	ECT TO THE RANGEMENT. OF INTEREST
ELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION AR ORM 990, PART VI, SECTION C, LINE 19: HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	RANGEMENT. OF INTEREST
ORM 990, PART VI, SECTION C, LINE 19: HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	
HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	
OLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
ORM 990, PART IX, LINE 11G, OTHER FEES:	
ONSULTING FEES:	
ROGRAM SERVICE EXPENSES	118,903.
ANAGEMENT AND GENERAL EXPENSES	18,216.
UNDRAISING EXPENSES	152.
OTAL EXPENSES	137,271.
NTERNSHIPS :	
ROGRAM SERVICE EXPENSES	19,367.
ANAGEMENT AND GENERAL EXPENSES	2,967.
UNDRAISING EXPENSES	25.
OTAL EXPENSES	22,359.
ONTRACT:	
ROGRAM SERVICE EXPENSES	1,092,641.
ANAGEMENT AND GENERAL EXPENSES	167,394.
UNDRAISING EXPENSES	1,398.
OTAL EXPENSES	1,261,433.
CUH EXPENSE:	

12430202 745960 24064

Name of the organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
PROGRAM SERVICE EXPENSES	1,805,478.
MANAGEMENT AND GENERAL EXPENSES	276,601.
FUNDRAISING EXPENSES	2,310.
TOTAL EXPENSES	2,084,389.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,505,452.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CANCELLATION OF DONOR FUNDING	

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

JUNE 30, 2016

Prepared for	NATIONAL MARINE SANCTUARY FOUNDATION 8601 GEORGIA AVENUE NO. 510 SILVER SPRING, MD 20910
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
Amount due or refund	BALANCE DUE OF \$275.00
Make check payable to	DEPARTMENT OF LAW
Mail tax return and check (if applicable) to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).
	THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2015

Open to Public Inspection

1.General Information 07/01/2015 and Ending (mm/dd/yyyy) 06/30/2016 For Fiscal Year Beginning (mm/dd/yyyy) Check if Applicable: Name of Organization: Employer Identification Number (EIN): NATIONAL MARINE SANCTUARY FOUNDATION 94 - 3370994X Address Change Name Change Mailing Address: NY Registration Number: 06-99-58 8601 GEORGIA AVENUE, NO. 510 Initial Filing J Final Filing City / State / ZIP: Telephone: 301 608-3040 SILVER SPRING, MD 20910 Amended Filing Email: Website: WWW.MARINESANCTUARY.ORG Check your organization's Confirm your Registration Category in the EPTL only X DUAL (7A & EPTL) EXEMPT A only registration category: Charities Registry at www.CharitiesNYS.com 2. Certification See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. VELMA HART President or Authorized Officer: CFO Print Name and Title Signature Date ALLISON ALEXANDER VICE PRES. Chief Financial Officer or Treasurer: Print Name and Title Signature Date 3. Annual Reporting Exemption Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions). 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year. 4. Schedules and Attachments See the following page No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for a checklist of for fund raising activity in NY State? If yes, complete Schedule 4a. schedules and attachments to X Yes complete your filing. \perp No $\,$ 4b. Did the organization receive government grants? If yes, complete Schedule 4b. 5. Fee

568451 12-22-15 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2015)

25.

7A filing fee:

Page 1

Make a single-check or money order

payable to:

"Department of Law"

Total fee:

EPTL filing fee:

250.

See the checklist on the

fee(s). Indicate fee(s) you

are submitting here:

next page to calculate your

275.

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Co Our organization was eligible for and filed an IRS 990-N e-postcard. We have	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publi Review Report if you received total revenue and support greater than \$250,000 X Audit Report if you received total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support we are a DUAL filer and checked box 3a, no Review Report or Audit Report is	00 and up to \$500,000. port is less than \$250,000
Calculate Your Fee	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General Charities Bureau Registration Section	- IRS From 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21
120 Broadway New York, NY 10271	 IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

568461 12-22-15 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2015)

Page 2

New York, NY 10271

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2015

Open to Public Inspection

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
NATIONAL MARINE SANCTUARY FOUNDATION	06-99-58

2. Government Grants

Name of Government Agency	Amount of Grant
1.U.S. DEP'T. OF COMMERCE - NAT'L. OCEANIC AND ATMOSPHE	1. 7,746,688.
2.DEPARTMENT OF INTERIOR	2. 45,000.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 7,791,688.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Common or programmation Demployer identification number	<u>A</u>	For th	e 2015 calendar year, or tax year beginning 000 1, 2015 and 6	enaing i	JUN 30, 2010)
Display Dis	В	Check if applicab	C Name of organization		D Employer identif	ication number
Number and street (of P.D. tox II mails not delivered to Street address) Soundaries Sounda	Σ	Addre	NATIONAL MARINE SANCTUARY FOUNDATION			
Number and street (In*PLANON*) flat is not adulated to street adulated. Elephone number Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town, state or province, country, and 21P or foreign postal code Sol 1 GENGRIA AVENUE City or town state City or t					94-3	370994
		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
City or town, state or province, country, and 2/P or foreign postal code G Gooss revelets \$ 1.19 / 1.19 / 1.18 \		Final	8601 GEORGIA AVENUE	301-	608-3040	
STLVER SPRING, MD 20910		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,197,168.
Start and address of principal officer.KRISTEN J. SARRI for subordinates? vise X No No ARX No AR		Amen return		H(a) Is this a group	eturn	
SAME AS C ABOVE		Application	F Name and address of principal officer: KRISTEN J. SARRI		-	
Taxewampet statuse: XI 501(c)(3) 501(c)(1) 40 (insert no.) 4947(a)(1) or 527		pendi	—			
Website: WWW. MARTNESANCTUARY.ORG Htc Group exemption number Name of organization: X Corporation: Trust Association Other Lyear of formation: 2000 M State of legal domicile: MI Part Summary	$\overline{\Gamma}$	Тах-ех		r 52	- 1	
Part Summary 1 Briefly describe the organization: X Department Department X Department Depa					┥,	
Briefly describe the organization's mission or most significant activities: SEE PART TIT, LINE 1. 2				I Veal		
Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.				L roa	Torrormation: 2000	VI Otate of legal dofficite, 222
2 Check this box		$\overline{}$		PART	TTT LINE 1.	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	če	'	bliefly describe the organization's mission of most significant activities.			<u>'</u>
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	nar		Check this have	ad of mou	ro than OEO/ of its not a	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	Ver					
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	Ĝ	1 .				
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	∞					
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	ties	I -				1
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 10,725,102. 9,944,727.	⋛		, , , , , , , , , , , , , , , , , , , ,			
8 Contributions and grants (Part VIII, line 1h) 20 9,944 7,727 10,725,102 9,944 7,727 10,725,102 9,944 7,727 10,725,102 9,944 7,727 10,725,102 9,944 7,727 10,725,102 10,72	Ac					
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 38 No04, 197, 7, 564, 834. 39 Revenue less expenses. Subtract line 21 from line 20 30 Notal assets (Part X, line 26) 30 Notal assets (Part X, line 26) 30 Notal assets (Part X, line 26) 31 Notal isabilities (Part X, line 26) 32 Notal assets (Part X, line 26) 33 Notal Revenue less expenses (Part X, line 26) 34 Notal Revenue less expenses. Subtract line 21 from line 20 35 Notal Revenue less expenses. Subtract line 21 from line 20 36 Notal Revenue less expenses. Subtract line 21 from line 20 36 Notal Revenue less expenses. Subtract line 21 from line 20 36 Notal Revenue less expenses. Subtract line 21 from line 20 37 Notal		b	Net unrelated business taxable income from Form 990-T, line 34	·····		
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (A), line 11e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Intal assets (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Net assets or fund balances. Subtract line 21 from line 20 25 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 26 Primt' I Signature Block 27 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 28 Preparer 29 Firm's name				_		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ne	8				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	/en	9	•			· · · · · · · · · · · · · · · · · · ·
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Ŗ	10				24,807.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,542,388 1,347,969 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 0 0 0 0 0 0	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			222,686.
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1, 915, 185, 2, 237, 289, 16a Professional fundraising ees (Part IX, column (D), line 25) 5 Total fundraising expenses (Part IX, column (D), line 25) 82, 307, 289, 282, 307, 289, 282, 307, 382, 307, 382, 307, 382, 309, 382, 309, 382, 309, 382, 309, 382, 309, 382, 309, 392, 392, 392, 392, 392, 392, 392, 39		_				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,915,185 2,237,289 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 17 Other expenses (Part IX, column (A), line 25) 82,307 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,024,143 10,483,352 19 Revenue less expenses. Subtract line 18 from line 12 563,321 -264,669 20 Total assets (Part X, line 16) 8,541,653 8,099,755 21 Total liabilities (Part X, line 26) 537,456 534,921 22 Net assets or fund balances. Subtract line 21 from line 20 8,004,197 7,564,834 Part II Signature Block Signature Block Signature Block Print/Type preparer's name Preparer's signature Print/Ty		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
16a Professional fundraising fees (Part IX, column (A), line 11e)						
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total assets (Part X, line 16) Total assets (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances. Subtract line 21 from line 20 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329488 Pol 1329488 Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329408 Phone no. (301) 951–9090	es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot\cdot}$			
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total assets (Part X, line 16) Total assets (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances. Subtract line 21 from line 20 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329488 Pol 1329488 Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329408 Phone no. (301) 951–9090	šuš	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total assets (Part X, line 16) Total assets (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances. Subtract line 21 from line 20 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329488 Pol 1329488 Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's line Self-employed Pol 1329408 Phone no. (301) 951–9090	ž	b	Total fundraising expenses (Part IX, column (D), line 25) 82,30	<u> </u>		
19 Revenue less expenses. Subtract line 18 from line 12 563,321264,669. Beginning of Current Year End of Year 8,541,653. 8,099,755. 537,456. 534,921. 7 total liabilities (Part X, line 26) 537,456. 534,921. 7 total liabilities (Part X, line 26) 8,004,197. 7,564,834. Part II Signature Block Signature Block Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Print/Type preparer's name Preparer's signature Print/Type preparer's name	Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current Year 8,541,653 8,099,755 8,099,755 8,099,755 537,456 534,921 Total liabilities (Part X, line 26) 537,456 534,921 Net assets or fund balances. Subtract line 21 from line 20 8,004,197 7,564,834 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name Preparer's signature AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address A550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090		19	Revenue less expenses. Subtract line 18 from line 12		563,321.	-264,669.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	JO S	3		В		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	sets	20	Total assets (Part X, line 16)			8,099,755.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	t As	21	Total liabilities (Part X, line 26)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		8,004,197.	7,564,834.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090			Signature Block			
Sign Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name	Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stater	ments, and to the best of n	ny knowledge and belief, it is
Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich prepare	er has any knowledge.	
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Here VELMA HART, CFO Type or print name and title Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814−2930 Phone no. (301) 951−9090	Sig	ın	Signature of officer		Date	
Print/Type preparer's name AMY BOLAND Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090			▶ VELMA HART, CFO			
Paid AMY BOLAND			Type or print name and title			
Paid AMY BOLAND ff pol 1329488 Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN ► 52-1392008 Use Only Firm's address 4550 MONTGOMERY AVE SUITE 650N Phone no. (301) 951-9090			Print/Type preparer's name Preparer's signature		Ollook	PTIN
Preparer Use Only Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	Pai	d				yed P01329488
Use Only Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	Pre	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN			
BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	Use	Only				
		•			Phone no. (3	301) 951-9090
	Ma	y the I				

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	NMSF'S MISSION IS TO ENHANCE NATIONAL MARINE SANCTUARIES IN THEIR GOAL
	TO PROTECT ESSENTIAL MARINE AREAS AND TO ENSURE A HEALTHY OCEAN.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5,669,220 • including grants of \$ 332,488 •) (Revenue \$
4a	(Code:) (Expenses \$ 5,669,220. including grants of \$ 332,488.) (Revenue \$ NOAA COOPERATIVE AGREEMENT: SUPPORT FOR PUBLIC AWARENESS AND
	EDUCATIONAL PROGRAMS RELATING TO NATIONAL MARINE SANCTUARIES;
	OUTFITTING VISITOR CENTERS WITH STATE OF THE ART EXHIBITS; CONNECTING
	THE NETWORK OF VISITORS TO AQUARIA AND VISITORS CENTERS VIA TECHNOLOGY;
	DEVELOPING NATIONAL AND REGIONAL EDUCATIONAL OPPORTUNITIES FOR STUDENTS
	AND FAMILIES; FACILITATING SANCTUARY MANAGEMENT PROCESSES; AND HOLDING
	A POLICY-FOCUSED SYMPOSIUM.
	TODICI TOCOBED BIM OBTOM:
4b	(Code:) (Expenses \$ 1,384,411. including grants of \$ 418,240.) (Revenue \$ 4,796.)
	SANCTUARY SITE SUPPORT: DIRECT SUPPORT FOR NATIONAL MARINE SANCTUARIES
	AND THEIR EDUCATIONAL, SCIENTIFIC AND OUTREACH EFFORTS.
_	(Code:) (Expenses \$ 861,572 • including grants of \$ 489,334 •) (Revenue \$
4c	(Code:) (Expenses \$ 861,572 including grants of \$ 489,334) (Revenue \$ IN PARTNERSHIP WITH NOAA NATIONAL MARINE FISHERIES SERVICE, NMSF
	DEVELOPS AND IMPLEMENTS MARINE EDUCATION AND OUTREACH PROJECTS -
	RANGING IN SCOPE FROM NATIONAL, INTERNATIONAL, REGIONAL, TO
	SITE-SPECIFIC, AND RANGING IN PARTNERS ACROSS PUBLIC AND PRIVATE
	ORGANIZATIONS - DESIGNED TO PROMOTE AWARENESS AND UNDERSTANDING OF
	MARINE SPECIES AND HABITATS, INCLUDING SANCTUARY SITES, SANCTUARY
	RESOURCES, THREATENED AND ENDANGERED SPECIES AND THEIR HABITATS, MARINE
	MAMMALS, FISHERIES AND FISH HABITATS.
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 733,857 • including grants of \$ 107,907 •) (Revenue \$ 43,859 •)
4e	Total program service expenses ▶ 8,649,060.
	Form 990 (2015

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)?		77	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		21
4	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7,7
	Schedule D, Part III	8		X
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?			v
	If "Yes," complete Schedule D, Part IV	9		X
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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
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		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
L	Schedule D, Parts XI and XII Was the example the included in consolidated independent sudited financial attacements for the tay year?	12a	Λ	
a	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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	Х	
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		Х
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		Х
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	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Form **990** (2015)

Part IV Checklist of Required Schedules (continued)

b If "Yes" to line 20a, did the organization report more than \$5,000 of grants or other assistance to any domestic organization report more than \$5,000 of grants or other assistance to any domestic organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 21 if "Yes," complete Schedule I, Parts I and III 21 X 2				Yes	No
21 bill the organization report more than \$5,000 of grants or other assistance to any domestic organization or demestic potential part of the organization or other assistance to any domestic potential part of the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and if Part IX column (A), line 27 if "Yes," complete Schedule I, Parts I and if Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and If	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 23 Did the organization area "Yes" to Part II. 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 X 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 J. Part II is the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 27b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 27d Did the organization with a disqualified person during the year? 24d 27d Did the organization with a disqualified person of uning the year? 24d 27d Did the organization has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors of these persons? If "Yes," complete Schedule L, Part II 26d X 27d Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 27d Did the organization organization related to any time during the special part of these persons If "Yes," complete Schedule II, Part IV 27d Did the organization organization rel	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
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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 X 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization acts an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d 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 X 25b List the organization and a star that rengaged 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-E27 If "Yes," complete Schedule L, Part II 25b L, Part I 25c 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, or disqualified persons? If "Yes," complete Schedule L, Part III 25c Did the organization provide a grant or orther assistance to an officer, director, trustee, leve employee, substantial contributors for applicable filing thresholds, conditions, and exceptions? 25c Just and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 26c X 27d Did the organization aparty to a business transaction with one of the following pa	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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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 X 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-E2? If "Yes," complete Schedule L, Part I 25b X 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 X 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 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II 31 X 31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part II 31 X 32 Did the organization on M 100% of an entity disregarded as separate from the organization under Regulations secti	Ч		—		
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b				
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Section 30 (C)(3) of garileations. Did the organization make any transfers to an exempt non-chantable related organization:	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		If "Yes," complete Schedule R, Part V, line 2	36		Х
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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	X	

Form **990** (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section of the number reported in Box 3 of Form 1096. Enter-0- if not applicable 1a 114 15 15 15 15 15 15 1		Check if Schedule O contains a response or note to any line in this Part V				Ш
b Enter the number of Forms W2G included in line 1a. Enter of Find applicable 10 10 10 10 10 10 10 1					Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (approximate) and provided the provided of the calendar year ending with or within the year covered by this return 2a 40 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Lift the organization have an entered to business greater than 250, you may be required to e-file (see instructions) 3b Lift the organization have an entered the contribution of the sea	1a		^			
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	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		000	(00:

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	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	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	anv other			
_	officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			_		
	of officers, directors, or trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or ap					
<i>1</i> a	more members of the governing body?	•		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			<i>1</i> a		
b				7b		X
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			70		
		-	-	8a	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
b				OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			9		x
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	everiue	: Code.)		V	N ₂
40-	Did the same in the least of short on home the same of		i	40-	Yes X	No
	Did the organization have local chapters, branches, or affiliates?			10a	Λ	
D	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics and procedures governing the activities of such characteristics.			401-	Х	
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	у рето	re filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		9:-+-O	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo				v	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva		dependent			
	$persons, comparability\ data, and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$				77	
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	Х	
	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 arranger	nent v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►CA, FL, GA, HI, M	D,M	A,MI,NY,VA	, WA	, NC	,sc
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	in Scl	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	f interest policy, and	finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	d records:			
	VELMA HART - 301-608-3040 8601 GEORGIA AVE, SUITE 501, SILVER SPRING, MD 20	910				

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

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

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

(A)	(B)	l	111126	((прсі	iisat	(D)	(E)	(F)
Name and Title	Average		not c	Pos heck	ition more	than		Reportable	Reportable	Estimated
	hours per week	box offic	, unle cer an	ss pe id a d	rson irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	ae			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		ee Ge	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	dualt	utiona	<u>_</u>	Key employee	est col	l a			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) BOB TALBOT	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) DAWN MARTIN	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) FRED KEELEY	0.50									
TRUSTEE UNTIL MAY, 2016		Х						0.	0.	0.
(4) RICHARD BEN-VENISTE	0.50							_	_	_
TRUSTEE		Х						0.	0.	0.
(5) STEPHEN COAN	0.50								_	_
TRUSTEE		Х						0.	0.	0.
(6) JAMES LJ. CONNAUGHTON	0.50									
TRUSTEE		Х						0.	0.	0.
(7) ANDY KARSNER	0.50	١								•
TRUSTEE	0.50	Х						0.	0.	0.
(8) TOBY MOFFETT	0.50							_		0
TRUSTEE	0 50	Х						0.	0.	0.
(9) ROBERT TRAINOR	0.50	,,						_		•
TRUSTEE	0 50	Х						0.	0.	0.
(10) JAMES CROWLEY	0.50	. ,						0.	0	0
TRUSTEE	0.50	Х						0.	0.	0.
(11) DON BAUR	0.30	X						0.	0.	0.
TRUSTEE (12) STEVE GAINES	0.50	^						0.	0.	0.
TRUSTEE	0.30	X						0.	0.	0.
(13) B. HOLT THRASHER	0.50	Δ						0.	0.	<u> </u>
TRUSTEE	0.30	x						0.	0.	0.
(14) ADAM LOWRY	0.50							•	•	<u> </u>
TRUSTEE	0.30	x						0.	0.	0.
(15) JASON PATLIS	40.00								•	
PRESIDENT & CEO UNTIL APRIL 30,2016	1000	1		x				151,731.	0.	21,467.
(16) ALLISON ALEXANDER	40.00			Ë						,_,
VICE PRESIDENT		1		x				83,859.	0.	20,457.
(17) TED LILLESTOLEN	40.00									.,
PRESIDENT & CEO SINCE MAY 2ND, 2016		1		х				0.	0.	0.
532007 12-16-15	•									Form 990 (2015)

532007 12-16-15 Form **990** (2015)

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		than o	nne	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson	is botl	n an	compensation	compensation	ո	an	ount (of
		week	\vdash	cer an	nd a d	irecto	or/trus	tee)	from	from related			other	
		(list any hours for	rector						the	organizations			pensa	
		related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		om the	
		organizations	rustee	l trust		e e	ubeu		(44-2/1099-141130)			•	anizati d relate	
		below	dual t	tiona	١	nploy	st cor	-					nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
						_								
			1											
	Sub-total							>	235,590.		0.	4	1,9	
	Total from continuation sheets to Part VI							>	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	235,590.		0.	4	1,9	24.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wh	o r	eceived more than \$100	,000 of reportable	Э			4
	compensation from the organization												<u>, </u>	<u>. 1</u>
											-		Yes	No
3	Did the organization list any former officer,			e, ke	ey er	nplo	yee,	or	highest compensated e	mployee on				37
	line 1a? If "Yes," complete Schedule J for s											3		<u> </u>
4	For any individual listed on line 1a, is the su												37	
	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a	•				-		elat	ted organization or indivi	idual for services				37
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		X
	tion B. Independent Contractors									*				
1	Complete this table for your five highest co	•								•	pensa	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
	(A) Name and business	addross							(B) Description of s	onvices	C	(C	;) nsatior	^
<u>C 7 .</u>		address						\dashv	Description of s	ervices		Jilibei	ISalioi	
	RAH MARQUIS	TDV/TME	,	~ 7.	۵,	26.	1 /	l	CONSULTING F	PPC		1 2	2 a	3 N
4	ALICANTE AISLE IRVINE,	TVATME	, (νA.	2	<u>.</u> 0 .	T '4	\dashv	сопропітис г	553		14	2,9	JU •
-								\dashv		+				
								\dashv		+				
								- 1						

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2015)

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Total revenue Related or Unrelated from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 14,158 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d 7,791,688 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 2,138,881 g Noncash contributions included in lines 1a-1f: \$ 9,944,727 h Total. Add lines 1a-1f Business Code 2 a REGISTRATION FEES Program Service Revenue 900099 26,463 26,463 b f All other program service revenue g Total. Add lines 2a-2f 26,463 Investment income (including dividends, interest, and 22,792 22,792 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 976,246 assets other than inventory b Less: cost or other basis 974,231 and sales expenses 2,015. c Gain or (loss) 2,015 2,015. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances 26,446. 4,254. **b** Less: cost of goods sold 22,192. 22,192 **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a REIMBURSEMENTS 900099 147,247 147,247. b ADMINISTRATIVE FEES 900099 53,247 53,247. С d All other revenue 200,494 e Total. Add lines 11a-11d 10,218,683 Total revenue. See instructions. 48,655 225,301.

Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, 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	1 245 262	·		
	and domestic governments. See Part IV, line 21	1,347,969.	1,347,969.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	300,625.	201,410.	00 761	0 151
_	trustees, and key employees	300,023.	201,410.	89,764.	9,451.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,526,355.	1,022,614.	455,758.	47,983.
7	Other salaries and wages	1,340,333.	1,044,014.	400,100.	41,303
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,872.	17,334.	7,725.	813.
•		224,443.	150,370.	67,017.	7,056.
9	Other employee benefits	159,994.	107,191.	47,773.	5,030
10	Payroll taxes	133,334.	107,151.	47,775	3,030
11					
b	Management	27,396.		27,396.	
	Legal	52,791.		52,791.	
	Lobbying	3277320		3277320	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	3,505,452.	3,036,389.	465,178.	3,885
12	Advertising and promotion	36,044.	31,221.	4,783.	3,885.
13	Office expenses	319,399.	247,639.	68,406.	3,354
14	Information technology	139,085.	24,691.	113,653.	741
15	Royalties		-		
16	Occupancy	368,612.	246,982.	121,630.	
17	Travel	537,730.	482,401.	53,499.	1,830.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	184,700.	159,985.	24,510.	205
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	109,006.	107,651.	1,355.	
23	Insurance	17,795.		17,795.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	VECCET ODEDANTONC	435,615.	435,615.		
a b	EVENTS AND CATERING	423,522.	366,851.	56,202.	469.
c	VIDEO/MEDIA PRODUCTION	195,614.	169,439.	25,958.	217.
d	EQUIPMENT	154,975.	145,873.	9,102.	
	All other expenses	390,358.	347,435.	41,690.	1,233.
25	Total functional expenses. Add lines 1 through 24e	10,483,352.	8,649,060.	1,751,985.	82,307
<u> </u>	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)				

Form 990 (2015)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,706,456.	1	1,417,991.		
	2	Savings and temporary cash investments			72,991.	2	127,053.
	3	Pledges and grants receivable, net			868,983.	3	604,439
	4	Accounts receivable, net			88,184.	4	611,863
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			324.	9	20,933
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	376,722.			
	b	Less: accumulated depreciation	10b	361,422.	108,606.	10c	15,300
	11	Investments - publicly traded securities			5,689,444.	11	5,204,408
	12	Investments - other securities. See Part IV, line				12	89,168
	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	8,600
	16	Total assets. Add lines 1 through 15 (must equ			8,541,653.	16	8,099,755
	17	Accounts payable and accrued expenses	516,127.	17	518,020		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	r office	rs, directors, trustees,			
≝		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	3 17-24). Complete Part X of	04 000		1.5.001
		Schedule D	21,329.	25	16,901		
	26	Total liabilities. Add lines 17 through 25			537,456.	26	534,921
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			F 0FC 140		4 050 460
au	27	Unrestricted net assets			5,856,140.	27	4,852,462
Bal	28	Temporarily restricted net assets			2,148,057.	28	2,712,372.
Dd	29					29	
로		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶ 📖			
Net Assets or Fund Balances		and complete lines 30 through 34.					
Set	30	Capital stock or trust principal, or current funds				30	
Asi	31	Paid-in or capital surplus, or land, building, or ed				31	
et	32	Retained earnings, endowment, accumulated in			0 004 107	32	7 5 6 4 0 3 4
-	33	Total net assets or fund balances			8,004,197.	33	7,564,834.
	34	Total liabilities and net assets/fund balances			8,541,653.	34	8,099,755.

Form **990** (2015)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,			
3	Revenue less expenses. Subtract line 2 from line 1	3				69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				97.
5	Net unrealized gains (losses) on investments	5	_	15	4,6	88.
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		-2	0,0	06.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	7,	56	4,8	34.
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h	Х	

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94 - 3370994

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
The	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative		•			ii)	
4	同	•					-	the hospital's name
•		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:						
_			or the benefit of a co	llogo or university owne	d or opera	tod by a a	overnmental unit describ	and in
5	ш	An organization operated for		niege of university owner	u or opera	ted by a g	overnmental unit descrit	ed in
_		section 170(b)(1)(A)(iv). (C	•					
6	37	A federal, state, or local government	-					
7	X	An organization that norma	•	intial part of its support	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	, and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).	
11		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). 0	Check the box in
		lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	s 11e, 11f, and 11g.	
а		Type I. A supporting orga	nization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting org			tion with it	ts support	ed organization(s), by ha	ving
		control or management o	•					-
		organization(s). You mus			•			•
С		☐ Type III functionally inte	-		in connec	tion with, a	and functionally integrate	ed with.
		its supported organization	= ::				• •	,
d		Type III non-functionally		•				zation(s)
		that is not functionally int						
		requirement (see instruct	-		-		-	
е		Check this box if the orga	•					
•		functionally integrated, or					· · · · · · · · · · · · · · · · · · ·	
f	Fnte	er the number of supported of	• •	, , , , , , , , , , , , , , , , , , , ,	9 5.94			
a.		vide the following information	-					
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9		in your document?	support (see	other support (see
				above (see instructions))	Yes	No	instructions)	instructions)
Γota	ıl							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 NATIONAL MARINE SANCTUARY FOUNDATION 94-3370994 Page 2

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	6,714,102.	7,325,454.	7,415,881.	10,725,102.	9,944,727.	42,125,266.	
2	Tax revenues levied for the organ-							
	ization'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							
4	Total. Add lines 1 through 3	6,714,102.	7,325,454.	7,415,881.	10,725,102.	9,944,727.	42,125,266.	
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)							
	Public support. Subtract line 5 from line 4.						42,125,266.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Amounts from line 4	6,714,102.	7,325,454.	7,415,881.	10,725,102.	9,944,727.	42,125,266.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	140 411	105 200	101 101	40 000	00 700	F00 F0F	
	and income from similar sources	148,411.	187,309.	181,191.	48,832.	22,792.	588,535.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	4 201	17 560	16 105	FO FOT	000 404	200 005	
	assets (Explain in Part VI.)	4,321.	1/,568.	16,125.	59,587.	200,494.	298,095.	
	Total support. Add lines 7 through 10						43,011,896. 283,377.	
12	Gross receipts from related activities,	•				12	203,311.	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)		
Sec	organization, check this box and storection C. Computation of Publ						P	
	Public support percentage for 2015 (oolumn (f))		14	97.94 %	
						15	97.94 % 97.96 %	
15								
IOa		•		•		•		
h							······································	
172								
174		ū					•	
	-			-		_		
h								
		_						
			•		•		•	
18							s	
b 17a b	15 Public support percentage from 2014 Schedule A, Part II, line 14							

Schedule A (Form 990 or 990-EZ) 2015

Part III | 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.)

Se	ction A. Public Support	, i	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2015 (I					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u> </u>
198	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						·
70	Private tolingation if the organization	D DIO DOT CDACK 3	$nnv \cap n = n \cap 1/1 = 10$	n ar iun chackt	THE DAY SHA CAA IN	CITIOTIONS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- **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.
- **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.
- 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)? 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 I of Schedule L (Form 990 or 990-EZ).
- 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**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

		Yes	No
-	1		
- 1	2		
	_		
	За		
	01		
-	3b		
	3с		
	4a		
	41		
-	4b		
	4c		
	5a		
	5b		
-	5c		
	6		
-	7		
	8		
	_		
	9a		
	Oh		
	9b		
	9с		
	10a		
	10h		
m 99	10b 0 or 99	0-EZ	2015

Pai	rt IV Supporting Organizations (continued)			
	, i i i i i i i i i i i i i i i i i i i		Yes	No
11	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)			
		1a		
b		1b		
		1c		
	tion 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		
Sec	tion 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		
Sec	tion 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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			
	,, , , ,	3		
<u>Sec</u>	tion 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 yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions) r		
2	Activities Test. Answer (a) and (b) below.	_	Yes	No
а	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			
	· · · · · · · · · · · · · · · · · · ·	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			
-		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	· · · · · · · · · · · · · · · · · · ·	3a		
b				
	OLUS SUDDOTTED OFGANIZATIONS CITEMAS E DESCRIDE IN PAIT VI THE FOIE DIAVED BY THE OFGANIZATION IN THIS FEDARO	Rh I		

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Schedule A (Form 990 or 990-EZ) 2015

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All						
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion 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					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7							

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Schedule A (Form 990 or 990-EZ) 2015 NATIONAL MARINE SANCTUARY FOUNDATION 94-3370994 Page 7

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	
4	Amou	nts paid to acquire exempt-use assets			
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		putions to attentive supported organizations to which the	he organization is responsive	 e	
		de details in Part VI). See instructions.		-	
9		outable amount for 2015 from Section C, line 6			
10		amount divided by Line 9 amount			
	210 0	amount arriada by Emo o amount	(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	ion E -	Distribution Allocations (see instructions)	Exocoo Bioti ibutiono	Pre-2015	Amount for 2015
1	Distrik	outable amount for 2015 from Section C, line 6			
2		rdistributions, if any, for years prior to 2015			
_		onable cause required-see instructions)			
3		s distributions carryover, if any, to 2015:			
a	LACES	is distributions carryover, if any, to 2013.			
a b					
	c d From 2013				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
<u>i</u> :		over from 2010 not applied (see instructions)			
		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2015 from Section D,			
	line 7:				
		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2015, if			
	-	Subtract lines 3g and 4a from line 2 (if amount			
	_	er than zero, see instructions).			
6		ining underdistributions for 2015. Subtract lines 3h			
		b from line 1 (if amount greater than zero, see			
		ctions).			
7	Exces	ss distributions carryover to 2016. Add lines 3j			
	and 4				
8	Break	down of line 7:			
а					
b					
С	Exces	s from 2013			
d	Exces	s from 2014			
_	Г.,,,,,,	o from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

NATIONAL MARINE SANCTUARY FOUNDATION

94-3370994

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	ly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$					
but it mu	st answer "No" on l	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$9,269.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 15,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>11,100.</u>	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
13		\$_	20,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
14		\$_	5,522.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
15		\$_	5,500.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
16	Nume, address, and Zir + 4	\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
17		\$_	38,076.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
18		\$_	5,500.	Person X Payroll	

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$11,845.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 25,120.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ 5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ 7,425.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,500.	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
31		\$_	12,165.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
32		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
33		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
34		\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
35		\$_	6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
36		\$_	6,000.	Person X Payroll

NATIONAL MARINE SANCTUARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ 7,746,688.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ 45,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

NATIONAL MARINE SANCTUARY FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number NATIONAL MARINE SANCTUARY FOUNDATION 94-3370994 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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.

2015

Open to Public Inspection

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
	ne of organization	tions. Complete Fart III.		Emp	loyer identification number
		L MARINE SANCTUAR			94-3370994
Pa	art I-A Complete if the org	ganization is exempt unde	r section 501(c)	or is a section 527 o	rganization.
	Provide a description of the organiz	•			
	Political expenditures				
3	Volunteer hours				
Pa	art I-B Complete if the ord	ganization is exempt unde	r section 501(c)(:	3)	
	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955		
3	If the organization incurred a section	on 4955 tax. did it file Form 4720 fo	or this year?	······································	Yes No
	a Was a correction made?				
	If "Yes," describe in Part IV.				
	art I-C Complete if the org	ganization is exempt unde	r section 501(c),	except section 501	(c)(3).
1	Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt functi	ion activities >\$	i
2	Enter the amount of the filing organ	ization's funds contributed to othe	er organizations for se	ction 527	
	exempt function activities			> \$	
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here and	d on Form 1120-POL,		
	line 17b			> \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes I No
5	Enter the names, addresses and er	• •	•	•	
	made payments. For each organiza	•			•
	contributions received that were pr political action committee (PAC). If	• •		·	ate segregated fund or a
	• • • • • • • • • • • • • • • • • • • •		1	1	1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
				,	delivered to a separate
					political organization. If none, enter -0
					,
			1		1

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

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 I Part II-A Complete if the org	NATIONAL M	ARINE SANCTU	JARY FOUNDAT	ION 94-3	3370994 Page 2
	anization is ex	empt under section	on 501(c)(3) and file	ed Form 5768(election under
expenses, and shar	e of excess lobbyin	• . ,		group member's nar	ne, address, EIN,
		and "limited control" pr	ovisions apply.	(a) Filing	(b) Affiliated group
	s on Lobbying Exp itures" means am	penditures ounts paid or incurred.)	organization's totals	totals
1a Total lobbying expenditures to influ					
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lin					
d Other exempt purpose expenditure					
e Total exempt purpose expenditures			i		
f Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) of	` ′	obbying nontaxable am			
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,000	'	000 plus 15% of the exc 000 plus 10% of the exc			
Over \$1,000,000 but not over \$1,500,000 but not over \$17,000,000 but not over \$17,000 but not		000 plus 10% of the exce			
Over \$1,300,000 but not over \$17,000,000		0.000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	0,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	•		i		
i Subtract line 1f from line 1c. If zero	·				
j If there is an amount other than zer					_
reporting section 4911 tax for this		,			Yes No
		veraging Period Under			
(Some organizations th		501(h) election do not arate instructions for li	•	of the five columns	below.
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2015

94-3370994 Page 3

Schedule C (Form 990 or 990-EZ) 2015 NATIONAL MARINE SANCTUARY FOUNDATION 94-337099 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х		-	
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?	X			
	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?		Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		:	1,544.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
	Other activities?		Х		
i	Total. Add lines 1c through 1i			:	1,544.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or so	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?t III-B Complete if the organization is exempt under section 501(c)(4), section		3	L	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	R (b) Pai		ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
С	Total				
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 the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part l	II-A, lines 1	and 2 (see	
ADV	OCATING FOR POLICIES AND APPROPRIATIONS RELATING T	O THE	NATIC	NAL	
MAI	RINE SANCTUARY SYSTEM.				

Schedule C (Form 990 or 990-EZ) 2015

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94 - 3370994

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2 200
	, ,	(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	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a history	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	*	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	ne organization's accounting for
_	conservation easements.		
Pai			her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating 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 tre	·	gain, provide
	the following amounts required to be reported under SFAS 1		.
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 💲

Schedule D (Form 990) 2015

Pai	rt III Orgar	nizations Maintaining C	collections of Ar	t, Historical Tr	easures, or C	Other	Similar A	Assets	(continu	ıed)	
3	Using the orga	nization's acquisition, accessi	on, and other record	s, check any of the	following that are	e a sign	ificant use	of its co	llection	items	s
	(check all that	apply):									
а	Public e	xhibition	d	Loan or excl	nange programs						
b	Scholarly	y research	е	Other							
С	Preserva	ation for future generations									
4	Provide a desc	cription of the organization's co	ollections and explair	n how they further th	ne organization's	exemp	t purpose	in Part X	III.		
5		r, did the organization solicit o				imilar as	sets				1
		aise funds rather than to be m							Yes		No
Pai		w and Custodial Arran		te if the organization	n answered "Yes	s" on Fo	rm 990, Pa	art IV, lin	e 9, or		
		d an amount on Form 990, Pa									
1a	-	ation an agent, trustee, custod		•							1
	on Form 990, I	Part X?						Ш	Yes		No
b	If "Yes," explain	in the arrangement in Part XIII	and complete the fol	lowing table:							
									mount		
C	Beginning bala						1c				
d		ng the year					1d				
e		luring the year					1e				
f Oo		e zation include an amount on F					1f		Yes		No
	•	zation include an amount on F in the arrangement in Part XIII.		•		•	·	—	res]
Pai		wment Funds. Complete i									
	2.140	The state of the s	(a) Current year	(b) Prior year	(c) Two years ba		Three years	hack /	e) Four y	eare l	hack
1a	Reginning of v	ear balance	5,761,725.	5,801,982.	5,474,5		4,461				500.
b			-,,	-,,	81,0			281.	-,		000.
c		t earnings, gains, and losses	-66,296.	134,744.	781,3			087.	_		479.
d	Grants or scho		150,000.	100,000.	100,0			,000.			000.
e		tures for facilities	, -	, -	,			<u> </u>			
_	and programs		124,800.	75,000.	375,0	00.				3,	850.
f	. •	expenses	,	,	59,9		124	,969.	8		984.
g	End of year ba		5,420,629.	5,761,725.	5,801,9		5,474				187.
2	Provide the es	timated percentage of the cur	rent year end balanc	e (line 1g, column (a)) held as:	•		•			
а		ited or quasi-endowment	100.00	%							
b	Permanent en	•	%	_							
С	Temporarily re	stricted endowment	<u></u> %								
	The percentag	es on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endo	owment funds not in the posse	ssion of the organiza	ation that are held a	nd administered	for the	organizatio	on			
	by:								<u> </u>	/es	No
	(i) unrelated	organizations							3a(i)		X
	(ii) related org								3a(ii)		X
b		e 3a(ii), are the related organiza							3b		
4		rt XIII the intended uses of the		wment funds.							
Pai		Buildings, and Equipm									
		ete if the organization answere									
	Desc	cription of property	(a) Cost or ot	' '	1 '		ımulated	(4	d) Book	value)
			basis (investm	nent) basis (otner)	depre	ciation				
b								-			
C		provements		27	0,019.	2 -	4,719	_	1 -	2 (20
d					6,703.		$\frac{4,719}{6,703}$		т э	, 30	00.
					•		0,703	+	1 [3 (0.
ıota	I. Add lines 1a t	hrough 1e. (Column (d) must e	quai Form 990, Part .	x, column (B), line 1	uc.)		<u></u>	·	т э	, 5	<i>.</i>

Schedule D (Form 990) 2015

9	4 -	- 3	3	7	0	9	9	4	Page 3
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Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		line 11d. See Form 990, Part X, line 15.	1 (1)
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	- 45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		.▶
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Form 990 Part Y lin	o 25
1. (a) Description of liability	0111 01111 000, 1 art 14,	(b) Book value	C 20.
(1) Federal income taxes		(a, zeek value	
(2) REFUNDABLE ADVANCE		16,901.	
(3)		10,7010	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25)	16,901.	
Total Column (b) must equal total 330, t art A, col. (b) IIII	<u> </u>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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 X

Schedule D (Form 990) 2015

Part XI	Recon	ciliation of Revenue per Audited Financial Statements With Revenue per l	Return

Pa	Reconciliation of Revenue per Audited Financial Stat	ements with	i Revenue per R	eturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	10,069,222.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-154,688.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	5,227.		
е	Add lines 2a through 2d			2e	-149,461.
3	Subtract line 2e from line 1			3	10,218,683.
4	Amounts included on Form 990, Part VIII, line 12, 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			
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,218,683.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	10,488,579.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	5,227.		
е	Add lines 2a through 2d			2e	5,227.
3	Subtract line 2e from line 1			3	10,483,352.
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				
b	, , , , , , , , , , , , , , , , , , , ,	4a			
-	Other (Describe in Part XIII.)				
		4b		4c	0. 10,483,352.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE OATF ENDOWMENT FUND IS USED TO AWARD GRANTS FOR NMSF PROGRAM

ACTIVITIES. THE LOTT ENDOWMENT FUND IS USED TO PROVIDE GENERAL OPERATING

SUPPORT AND RESERVES FOR THE ORGANIZATION.

PART X, LINE 2:

FOR THE YEARS ENDED JUNE 30, 2016 AND 2015, NMSF HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

532054 09-21-15

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

rame of the organization					Linployer lacing	inoution number
NATIONAL MARINE	SANCTUA	RY FOUND	DATION		94-33709	94
			tside the United States. Comple	te if the orgar		
Form 990, Part I\	/, line 14b.					
			ds to substantiate the amount of its gra			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? X	Yes No
0 F	other to Deat Vale					.4
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	tner assistance of	itside the
	he following Parl	t Lline 3 table c	an be duplicated if additional space is n	eeded)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
., ,	offices	employees, agents, and	(by type) (e.g., fundraising, program	•	gram service,	expenditures
	in the region	independent contractors	services, investments, grants to		e specific type	for and investments
		in region	recipients located in the region)	of service	ce(s) in region	in region
CENIMDAI AMEDICA AND						
CENTRAL AMERICA AND THE CARIBEANS		1	COORDINATION AND TRAINING.			32,913.
THE CHAIDENAND			COORDINATION AND TRAINING			32,313.
			FOR STAKE			
EAST ASIA AND THE			HOLDERS, CONFERENCE			
PACIFIC	0	3	ENROLLMENT WEBSITE.			27,802.
3 a Sub-total	0	4				60,715.
b Total from continuation						,
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)] 0	4				60,715.

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

Schedule F (Form 990) 2015

			Outside the United States. Cated if additional space is ne		rganization answered	d "Yes" on Form	990, Part IV, line 15, fo	r any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount 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)
2 Enterted mark	unaliniant currents !!	no linto di alto con distribuit		foundam				
			recognized as charities by the n 501(c)(3) equivalency letter					
3 Enter total number of	other organizations	or entities						

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

Part III can be duplicated if a	dditional space is neede	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2015 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the 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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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)	Yes	X 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)	Yes	X No
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)	Yes	X No
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)	Yes	X No
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, 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.

OMB No. 1545-0047

Open to Public Inspection

	► informa	tion about Schedule i	(Form 990) and its	s instructions is a	it www.irs.gov/iorings	u.	op coulon
Name of the organization	MADINE G	ANGELLA DA GOL	IND A MIT ON				Employer identification number
Part I General Information on Grants a		ANCTUARY FOU	NDATION				94-3370994
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?	14 - 15 - 14	L. C	-1.04-4			X YesNo
2 Describe in Part IV the organization's pr					:	/ F 000 P	1 N/ 15- 04 favores
Granto ana Other Addictance to					anization answered "1	res" on Form 990, Par	t IV, line 21, for any
recipient that received more than		(c) IRC section	1		(f) Method of	(a) Description of	(h) Durnage of grant
1 (a) Name and address of organization or government	(b) EIN	if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUDUBON NATURE INSTITUTE							
6500 MAGAZINE STREET		L		_			
NEW ORLEANS, LA 70118	09-2095744	501(C)(3)	25,000.	0.			ALLIANCE PARTNERS
AWAIAULU							L
2667 ANU'U PLACE	00 5100540	F01 (G) (2)	0.000	0			USING THE PAST TO INFORM
HONOLULU, HI 96819	08-7190542	501(C)(3)	9,000.	0.			THE FUTURE
BIRCH AQUARIUM							
2300 EXPEDITION WAY							
LA JOLLA, CA 92037	17-5104595	501(C)(3)	25,000.	0.			OCEAN EXPLORATION
TA COLLA, CA 92037	17-3104393	301(0)(3)	25,000.	0.			OCEAN EXPLORATION
CA MARINE SANCTUARY FOUNDATION							
99 PACIFIC STREET, BLDG 455 E							CONNECTING SANCTUARIES TO
MONTEREY, CA 93940	94-3225675	501(C)(3)	24,976.	0.			LAND, SEA, AND PEOPLE
ionizazi, cii yoyit	31 3223073	301(0)(3)	21,570.	· ·			
CARMEL UNIFIED SCHOOL							
99 PACIFIC ST. BLDG 455-A							
MONTEREY, CA 93940	77-0322693	GOVERNMENT	10,000.	0.			OCEAN GUARDIAN SCHOOL
,							
CHESAPEAKE CONSERVANCY							
716 GODDINGS AVE. STE. 42							MALLOWS BAY AREA OF
ANNAPOLIS, MD 21401	83-1691121	501(C)(3)	25,000.	0.			POTOMAC RIVER AWARENESS
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	, , , , , , , , , , , , , , , , , , ,		<u> </u>		▶ 36.

Enter total number of other organizations listed in the line 1 table

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAUPHIN ISLAND SEA LAB							
101 BIENVILLE BLVD							
DAUPHIN ISLAND, AL 36528	07-5070474	501(C)(3)	25,000.	0.			ALLIANCE PARTNERS
ECOADAPT							
P.O. BOX 11195							
BAINBRIDGE ISLAND, WA 98110	83-2063437	501(C)(3)	25,000.	0.			AMERICAN SAMOA
FRIENDS OF CAMP SEA LAB							
100 CAMPUS CENTER							
SEASIDE, CA 93955	46-0516184	501(C)(3)	12,500.	0.			HOLLINGS GRANT PROGRAM
FRIENDS OF APOSTLE ISLANDS NAT.							
LAKESHORE - P.O. BOX 1574 -							
BAYFIELD, WI 54814	96-9314215	501(C)(3)	12,521.	0.			HOLLINGS GRANT PROGRAM
			,	<u> </u>			
FRIENDS OF THUNDER BAY MARINE							
SANCTUARY - 500 W. FLETCHER ST -							HOLLINGS GRANT PROGRAM
ALPENA, MI 49707	08-0023967	501(C)(3)	21,826.	0.			EVERY KID IN THE PARK
GLOBAL FDN FOR OCEAN EXPLORATION							
P.O. BOX 26							
WEST REDDING, CT 06896	07-8743876	501(C)(3)	12,000.	0.			PRESERVE AMERICA
GRASSROOT GARBAGE GANG							DUMPSTER TO DISPOSE OF
811 PACIFIC HIGHWAY, SOUTH, STE #1							DEBRIS FROM BEACH
LONG BEACH, WA 98631	32-0062366	501(C)(3)	6,000.	0.			CLEANUPS
	02 0002000		,,,,,,,				
GULF OF MAINE RES. INSTITUTE							
350 COMMERCIAL STREET							
PORTLAND, ME 04101	15-6164667	OTHER	196,953.	0.			TRAVEL TO TABLE EVENT
HATFIELD MARINE SCIENCE							
2030 SE MARINE SCIENCE DRIVE							
NEWPORT , OR 97365	61-1730890	OTHER	5,998.	0.			OCEAN EXPLORATION

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa I	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII CONSERV. ALLIANCE							
677 ALA MOANA BLVD, STE 320							
HONOLULU, HI 96813	79-7874646	501(C)(3)	19,000.	0.			PAPAHANAMOKUAKEA
KAKO'O OIWI							
46-005 KAWA STREET #104							WETLAND RESTORATION
KANEOHEA, HI 96744	82-9898506	OTHER	30,000.	0.			PROJECT
KILLER WHALE TALES							
P.O. BOX 16453							KIDS MAKING A DIFFERENCE
SEATTLE, WA 98116	17-0016625	501(C)(3)	12,000.	0.			NOM
LAKESHORE MUSEUM CENTER							
430 WEST CLAY AVENUE							
MUSKEGON, MI 49440	09-2948223	501(C)(3)	10,700.	0.			PRESERVE AMERICA
MARINERS MUSEUM							
100 MUSEUM DRIVE							SUPPORT FOR EDUCATOR
NEWPORT NEWS, VA 23606	06-5413817	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
MARITIME GLOUCESTER							
23 HARBOR LOOP							
GLOUCESTER, MA 01930	04-3480870	501(C)(3)	25,000.	0.			FISHING ON STELLWAGEN
NATIONAL AQUARIUM IN BALTIMORE							
111 MARKET PLACE							
BALTIMORE, MD 21202	09-3008183	501(C)(3)	25,000.	0.			OCEAN EXPLORATION
NATIONAL PARK TRUST							
401 EAST JEFFERSON STREET, STE 203							
ROCKVILLE, MD 20850	83-6046938	501(C)(3)	25,000.	0.			HOLLINGS GRANT PROGRAM
NEW ENGLAND AQUARIUM							
1 CENTRAL WHARF							
BOSTON, MA 02110	07-3827859	501(C)(3)	25,000.	0.			HOLLINGS GRANT PROGRAM

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	,	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
OCEAN FOUNDATION							
1320 19TH STREET, NW, STE. 500							HOLLINGS GRANT PROGRAM,
WASHINGTON, DC 20036	61-1721759	501(C)(3)	20,000.	0.			EDUCATION PARTNERSHIPS
PIER AQUARIUM, INC.							
224 SECOND AVE. N STE. 203							
ST PETERSBURG, FL 33701	62-2118974	501(C)(3)	60,000.	0.			FISHERIES
SEA RESEARCH FOUNDATION							
55 COOGAN BLVD							
MYSTIC, CT 06355	09-2465061	501(C)(3)	31,067.	0.			MARINE COMMUN ECOLOGY
SEAWEB							
8403 COLESVILLE ROAD							
SILVER SPRING, MD 10910	03-6537363	501(C)(3)	120,405.	0.			SEAFOOD SUMMIT IN MALL
SOUTH CAROLINA AQUARIUM							
100 AQUARIUM WHARF							
CHARLESTON, SC 29401	83-7744291	501(C)(3)	25,000.	0.			ALLIANCE PARTNERS
S.E. ALASKA FISH. ALLIAN.							
9369 NORTH DOUGLAS HWY							REDUCTION OF WHALE
JUNEAU, AK 99801	96-5163384	501(C)(3)	25,000.	0.			ENTANGLEMENTS
THE MARINE MAMMAL CENTER							MOBILIZING MIDDLE SCHOOL
2000 BUNKER ROAD, FORT CRONKHITE							STUDENTS FOR HAWAII MONK
SAUSALITO, CA 94965	05-8448572	501(C)(3)	25,000.	0.			SEAL RECOVERY
TURTLE ISLAND RESTOR. NETWORK							
P.O. BOX 370							SEA TURTLES IN THE
FOREST KNOLLS, CA 94933	94-1818080	501(C)(3)	25,000.	0.			SANCTUARY INITIATIVE
UNIV. CORP FOR ATMO. RESEARCH							
3090 CENTER GREEN DRIVE							
BOULDER, CO 80301	08-7190542	501(C)(3)	30,000.	0.			RISING VOICES WORKSHOP

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNIV. CORP. AT MONTEREY BAY							CALIFORNIA UNIVERSITY	
SEASIDE, CA 93955	77-0387459	501(C)(3)	34,621.	0.			MONTERAY BAY	
UNIV. OF HAWAII AT MANOA ORS 2440 CAMPUS ROAD, BOX 368 HONOLULU, HI 96822	96-5088057	OTHER	35,962.	0.		1	MARINE DEBRIS, OCEAN EXPLORATION	
URI FOUNDATION 215 S FERRY RD								
NARRAGANSETT, RI 02882	13-1747271	501(C)(3)	125,000.	0.			INNER SPACE CENTER	
U.S. NAVAL ACADEMY ALUMNI ASSO. 291 WOOD ROAD								
ANNAPOLIS, MD 21402	96-7719329	501(C)(3)	49,400.	0.			OCEAN EXPLORATION	
W2WORTH INNOVATIONS, LLC 10999 REED HARMAN HWY, STE 223								
CINNCINNATI, OH 45242	47-4426648	OTHER	12,000.	0.			MARINE DEBRIS	

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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) Amount of cash grant	(d) Amount 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 req	uired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.				
PART I, LINE 2:								
EACH GRANTEE IS REQUIRED BY MUTUAL	LY SIGNE	D AGREEMEN	T TO SUBMI	T TO NMSF				
BOTH NARRATIVE AND FINANCIAL REPOR	TS USING	SPECIFIC	FORMS. RE	PORTS ARE DUE				
TO NMSF ON FEBRUARY 1ST AND AUGUST	1ST OF	EACH YEAR	FOR THE DU	RATION OF THE				
PROJECT, AND GRANTEES ARE EXPECTED	TO SUBM	IT A FINAL	REPORT AS	WELL. NMSF				
RESERVES THE RIGHT AS NECESSARY TO	MONITOR	AND CONDU	CT AN EVAL	UATION 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								

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any person listed on Form 900. Part VII. Section A. line 1s, with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а		4a	х	
h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			,
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u></u>

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

Schedule J (Form 990) 2015

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 (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JASON PATLIS (i	125,650.	0.	26,081.	4,552.	16,915.	173,198.	0.
PRESIDENT & CEO UNTIL APRIL 30,2016	0.	0.	0.	0.	0.	0.	0.
(i							
(ii							
(i							
(ii							ļ
(i							
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(ii							
(i							
(ii							
(ii							
(i							
(ii							

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.
PART I, LINE 4A:
JASON PATLIS RECEIVED SEVERANCE OF \$26,081.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS - INCLUDING CAPITAL HILL OCEAN WEEK AND GALA ACTIVITIES EXPENSES \$ 733,857. INCLUDING GRANTS OF \$ 107,907. REVENUE \$ 43,859.

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 COMPLIED 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 INCLUDES A PRESENTATION FROM THE INTERESTED PERSONS, BUT EXCLUDES 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 POLICY AND MUST REFRAIN FROM ANY ACTIVITY WHICH CREATES A CONFLICT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

OF INTEREST. THE POLICY IS DESCRIBED IN THE PERSONNEL POLICY HANDBOOK AND IS MORE RESTRICTIVE THAN THE BOARD POLICY DESCRIBED ABOVE.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES OF THE NATIONAL MARINE SANCTUARY FOUNDATION (NMSF OR FOUNDATION) HAS 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 INTERNAL REVENUE CODES "EXCESS BENEFIT

TRANSACTION" RULES. THE 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 (THE

CEO/PRESIDENT), OTHER COMPENSATED OFFICERS AND/OR KEY EMPLOYEES OF THE

FOUNDATION (IF ANY). THE LAST REVIEW TOOK PLACE IN MAY, 2016.

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.

Schedule O (Form 990 or 990-EZ) (2015)

NATIONAL MARINE SANCTUARY FOUNDATION ONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING: THERE ONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESP ELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION AR ORM 990, PART VI, SECTION C, LINE 19: HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	ECT TO THE RANGEMENT. OF INTEREST
ONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECTIONS AND DECISIONS REGARDING THE COMPENSATION ARE ORM 990, PART VI, SECTION C, LINE 19: HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	ECT TO THE RANGEMENT. OF INTEREST
ELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION AR ORM 990, PART VI, SECTION C, LINE 19: HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	RANGEMENT. OF INTEREST
ORM 990, PART VI, SECTION C, LINE 19: HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	
HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	
OLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
ORM 990, PART IX, LINE 11G, OTHER FEES:	
ONSULTING FEES:	
ROGRAM SERVICE EXPENSES	118,903.
ANAGEMENT AND GENERAL EXPENSES	18,216.
UNDRAISING EXPENSES	152.
OTAL EXPENSES	137,271.
NTERNSHIPS :	
ROGRAM SERVICE EXPENSES	19,367.
ANAGEMENT AND GENERAL EXPENSES	2,967.
UNDRAISING EXPENSES	25.
OTAL EXPENSES	22,359.
ONTRACT:	
ROGRAM SERVICE EXPENSES	1,092,641.
ANAGEMENT AND GENERAL EXPENSES	167,394.
UNDRAISING EXPENSES	1,398.
OTAL EXPENSES	1,261,433.
CUH EXPENSE:	

12430202 745960 24064

Name of the organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
PROGRAM SERVICE EXPENSES	1,805,478.
MANAGEMENT AND GENERAL EXPENSES	276,601.
FUNDRAISING EXPENSES	2,310.
TOTAL EXPENSES	2,084,389.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,505,452.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CANCELLATION OF DONOR FUNDING	
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