

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL MARINE SANCTUARY FOUNDATION		D Employer identification number 94-3370994
	Doing business as		E Telephone number (301) 608-3040
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	8601 GEORGIA AVENUE 510		G Gross receipts \$ 10,703,451.
City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: KRISTEN J. SARRI SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MARINESANCTUARY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2000	M State of legal domicile: MI

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	69
	6 Total number of volunteers (estimate if necessary)	6	12
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	34.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,104,925.	9,643,488.
	9 Program service revenue (Part VIII, line 2g)	101,901.	319,451.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68,777.	88,019.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,725.	-13,971.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,307,328.	10,036,987.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	819,607.	2,018,329.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,945,196.	4,260,445.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	7,600.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 500,729.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,345,703.	4,684,614.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,110,506.	10,970,988.
19 Revenue less expenses. Subtract line 18 from line 12	-803,178.	-934,001.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	8,552,459.	8,018,407.
	21 Total liabilities (Part X, line 26)	707,089.	616,348.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,845,370.	7,402,059.

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	Signature of officer	Date			
	LINDA TOSCANO, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	Preparer's signature <i>Richard J. Locastro</i>	Date 11/13/2020	Check if self-employed <input type="checkbox"/>	PTIN P00288314
	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	Phone no. (301) 951-9090	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE NATIONAL MARINE SANCTUARY FOUNDATION IS A LEADING VOICE FOR U.S. PROTECTED WATERS, WORKING WITH COMMUNITIES TO CONSERVE AND EXPAND THOSE SPECIAL PLACES FOR A HEALTHY OCEAN, COASTS, AND GREAT LAKES. WORKING TOGETHER, WE SAFEGUARD SPECIES AND THE PLACES THEY CALL HOME,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program 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.

4a (Code:) (Expenses \$ 5,014,672. including grants of \$ 711,195.) (Revenue \$) WORKING IN PARTNERSHIP WITH THE OFFICE OF NATIONAL MARINE SANCTUARIES, THE NATIONAL MARINE SANCTUARY FOUNDATION (FOUNDATION) IMPLEMENTS PUBLIC EDUCATION, OUTREACH, CONSERVATION, AND MARITIME HERITAGE PROJECTS THAT ENCOURAGE PEOPLE TO BECOME ENGAGED STEWARDS OF U.S. OCEAN, COASTS, AND GREAT LAKES WATERS. PROGRAMMATIC WORK INCLUDES: (1) PROMOTING SUSTAINABLE RECREATION AND TOURISM IN NATIONAL MARINE SANCTUARIES; (2) ESTABLISHING LIFELONG CONNECTIONS TO NATIONAL MARINE SANCTUARIES AND MONUMENTS THROUGH EDUCATION AND PUBLIC AWARENESS; (3) DEMONSTRATING HOW THE NATIONAL MARINE SANCTUARY SYSTEM SERVES AS A GLOBAL MODEL FOR MARINE PROTECTED AREA MANAGEMENT; (4) ENGAGING PARTNERS AND THE PUBLIC IN CONSERVATION AND STEWARDSHIP OF MARINE PROTECTED AREAS; AND, (5) PROMOTING NATIONAL MARINE SANCTUARIES AND MONUMENTS AS LIVING

4b (Code:) (Expenses \$ 1,597,157. including grants of \$ 817,068.) (Revenue \$) THE NATIONAL MARINE SANCTUARY FOUNDATION IMPLEMENTS MARINE EDUCATION AND OUTREACH PROJECTS THROUGHOUT THE U.S. TO PROMOTE AWARENESS AND UNDERSTANDING OF MARINE SPECIES AND HABITATS MANAGED BY NOAA FISHERIES, INCLUDING THOSE IN NATIONAL MARINE SANCTUARIES. OUR EFFORTS FOCUS ON: FOSTERING PARTNERSHIPS THAT BENEFIT EDUCATORS AND THEIR STUDENTS; EXPANDING AWARENESS OF THE CHALLENGES FACING ENDANGERED AND PROTECTED SPECIES; ENHANCING SUSTAINABILITY OF FISHING COMMUNITIES--PARTICULARLY THOSE NEAR NATIONAL MARINE SANCTUARIES; AND, CONVENING STAKEHOLDERS IN OCEAN AND GREAT LAKES ISSUES TO ADVANCE COLLABORATIONS, PARTNERSHIPS, AND CROSS-SECTOR UNDERSTANDING. PROGRAMS SUPPORT EFFORTS TO BUILD AWARENESS OF NOAA SPECIES IN THE SPOTLIGHT AS WELL AS OTHER THREATENED SPECIES; REACH MORE THAN 1,000 K-12 EDUCATORS; AND CONNECT MORE SITES

4c (Code:) (Expenses \$ 1,506,165. including grants of \$ 217,166.) (Revenue \$ 358,787.) WORKING WITH INDIVIDUAL SANCTUARIES WITHIN THE NATIONAL MARINE SANCTUARY SYSTEM, THE FOUNDATION SUPPORTS LOCALLY-IMPLEMENTED PROJECTS TO IMPROVE CONSERVATION AND MANAGEMENT OF OUR PROTECTED WATER, ENGAGE SURROUNDING COMMUNITIES AND STAKEHOLDERS IN STEWARDSHIP OF SANCTUARIES, AND TO ENHANCE OUR SCIENTIFIC KNOWLEDGE OF OUR OCEAN, COASTS, AND GREAT LAKES. THE FOUNDATION SUPPORTS WHALE CONSERVATION AND RESEARCH, MARINE DEBRIS REMOVALS, AND HABITAT RESTORATION. GOAL: CLEAN SEAS FLORIDA KEYS HELPED REMOVE NEARLY 8,634 POUNDS OF MARINE DEBRIS AND 16,827 FEET OF LINES AND ROPE FROM THE FLORIDA KEYS NATIONAL MARINE SANCTUARY AS WELL AS 6,440 POUNDS OF DEBRIS. THE FOUNDATION JOINED PARTNERS FOR THE LAUNCH OF MISSION: ICONIC REEFS, A MAJOR CORAL REEF RESTORATION INITIATIVE TARGETING SEVEN REEFS, COVERING NEARLY THREE MILLION SQUARE

4d Other program services (Describe on Schedule O.) (Expenses \$ 272,900. including grants of \$ 272,900.) (Revenue \$)

4e Total program service expenses 8,390,894.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
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		X
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	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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c 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?		
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		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-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
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
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		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section 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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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 on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 **▶**
KRISTEN SARRI - (301)608-3040
8601 GEORGIA AVE, SUITE 510, SILVER SPRING, MD 20910

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES HNAT CHAIRMAN	1.00	X		X				0.	0.	0.
(2) ROBERT TRAINOR CHAIRMAN (THROUGH 10/19)	1.00	X		X				0.	0.	0.
(3) JULIAN MYERS VICE-CHAIR	1.00	X		X				0.	0.	0.
(4) JAMES CROWLEY VICE-CHAIR (THROUGH 06/19)	1.00	X		X				0.	0.	0.
(5) HOLT THRASHER TREASURER	1.00	X		X				0.	0.	0.
(6) DON BAUR SECRETARY	1.00	X		X				0.	0.	0.
(7) TOBY MOFFETT DIRECTOR	0.50	X						0.	0.	0.
(8) LYNN SCARLETT DIRECTOR	0.50	X						0.	0.	0.
(9) DAWN RODNEY DIRECTOR (BEG. 02/19)	0.50	X						0.	0.	0.
(10) MARK MCDADE DIRECTOR (BEG. 02/19)	0.50	X						0.	0.	0.
(11) BARBARA BIRDSEY DIRECTOR (BEG. 06/19)	0.50	X						0.	0.	0.
(12) JOHN RUDOLF DIRECTOR (BEG. 06/19)	0.50	X						0.	0.	0.
(13) HEATHER LUDEMANN DIRECTOR (BEG. 10/19)	0.50	X						0.	0.	0.
(14) STEVE GAINES DIRECTOR	0.50	X						0.	0.	0.
(15) KRISTEN SARRI PRESIDENT & CEO	40.00			X				232,997.	0.	18,047.
(16) VELMA HART CFO (THROUGH 06/19)	40.00			X				73,164.	0.	3,650.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotals for 1b, 1c, and 1d.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like CARDINAL POINT CAPTAINS INC, OCEAN ASSOCIATES, INC., etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	8,006.				
	b Membership dues	1b					
	c Fundraising events	1c	499,411.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	8,041,357.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,094,714.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 126,697.				
	h Total. Add lines 1a-1f			9,643,488.			
Program Service Revenue	2 a VESSEL OPERATIONS	Business Code	900099	318,600.	318,600.		
	b REGISTRATION FEES		900099	851.	851.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			319,451.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			77,577.		34.	
	4 Income from investment of tax-exempt bond proceeds					77,543.	
	5 Royalties						
	6 a Gross rents	6a	(i) Real	49,329.			
			(ii) Personal				
	b Less: rental expenses ...	6b		0.			
	c Rental income or (loss)	6c		49,329.			
	d Net rental income or (loss)			49,329.		49,329.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	431,383.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		420,941.			
	c Gain or (loss)	7c		10,442.			
d Net gain or (loss)			10,442.		10,442.		
8 a Gross income from fundraising events (not including \$ 499,411. of contributions reported on line 1c). See Part IV, line 18	8a		88,040.				
			193,883.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-105,843.		-105,843.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		90,976.				
			51,640.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			39,336.	39,336.			
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code	900099	3,207.		3,207.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			3,207.			
12 Total revenue. See instructions			10,036,987.	358,787.	34.	34,678.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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 and domestic governments. See Part IV, line 21	2,018,329.	2,018,329.		
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, trustees, and key employees	327,858.	75,314.	202,335.	50,209.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,212,331.	2,319,676.	763,211.	129,444.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,610.	44,090.	12,523.	1,997.
9 Other employee benefits	372,768.	258,201.	97,504.	17,063.
10 Payroll taxes	288,878.	196,191.	78,233.	14,454.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,989.	3,312.	4,642.	35.
c Accounting	267,168.		267,168.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	7,600.			7,600.
f Investment management fees	258.		258.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,091,761.	929,382.	112,361.	50,018.
12 Advertising and promotion	55,341.	43,239.	3,266.	8,836.
13 Office expenses	243,306.	194,229.	34,929.	14,148.
14 Information technology	271,451.	102,301.	155,811.	13,339.
15 Royalties				
16 Occupancy	367,030.	237,532.	129,498.	
17 Travel	690,922.	637,480.	40,780.	12,662.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	533,892.	361,906.	14,208.	157,778.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,259.	64,259.		
23 Insurance	106,509.	6,301.	100,208.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VESSEL OPERATIONS	283,310.	283,310.		
b EQUIP., RENTAL & MAINT.	245,957.	237,304.	8,411.	242.
c EXHIBITS AND KIOSKS	144,577.	144,577.		
d PROGRAM EXPENSES	93,843.	89,261.		4,582.
e All other expenses	217,041.	144,700.	54,019.	18,322.
25 Total functional expenses. Add lines 1 through 24e	10,970,988.	8,390,894.	2,079,365.	500,729.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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
Assets	1 Cash - non-interest-bearing	1,625,283.	1	828,946.
	2 Savings and temporary cash investments	2,985,046.	2	2,598,668.
	3 Pledges and grants receivable, net	172,401.	3	510,733.
	4 Accounts receivable, net	57,228.	4	20,961.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	88,580.	9	47,831.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 696,140.		
	b Less: accumulated depreciation	10b 505,304.	189,095.	10c 190,836.
	11 Investments - publicly traded securities	3,384,635.	11	3,767,928.
	12 Investments - other securities. See Part IV, line 11	41,591.	12	43,904.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,600.	15	8,600.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,552,459.	16	8,018,407.	
Liabilities	17 Accounts payable and accrued expenses	553,994.	17	616,348.
	18 Grants payable		18	
	19 Deferred revenue	27,500.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	125,595.	25	0.
	26 Total liabilities. Add lines 17 through 25	707,089.	26	616,348.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,416,107.	27	4,296,917.
	28 Net assets with donor restrictions	3,429,263.	28	3,105,142.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,845,370.	32	7,402,059.
33 Total liabilities and net assets/fund balances	8,552,459.	33	8,018,407.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,036,987.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,970,988.
3	Revenue less expenses. Subtract line 2 from line 1	3	-934,001.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,845,370.
5	Net unrealized gains (losses) on investments	5	490,690.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,402,059.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,944,727.	11,676,433.	9,328,561.	4,104,925.	9,643,488.	44,698,134.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	9,944,727.	11,676,433.	9,328,561.	4,104,925.	9,643,488.	44,698,134.
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.						44,698,134.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	9,944,727.	11,676,433.	9,328,561.	4,104,925.	9,643,488.	44,698,134.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	22,792.	95,690.	105,169.	63,441.	126,872.	413,964.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...					0.	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	200,494.	226,275.	69,486.	24,450.	3,207.	523,912.
11 Total support. Add lines 7 through 10						45,636,010.
12 Gross receipts from related activities, etc. (see instructions)					12	2,114,715.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	97.94 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	98.04 %
16a 33 1/3% support test - 2019. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. 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 and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section 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.		
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.		
1		
2		

Section 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		

Section 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?		
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).		
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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
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.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
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.			
2a			
2b			
3a			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section C - Distributable Amount			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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

PART II, SHORT YEAR EXPLANATION:

THE FOUNDATION CHANGED ITS YEAR-END FROM JUNE 30 TO DECEMBER 31,
EFFECTIVE FOR THE SIX MONTHS ENDED DECEMBER 31, 2018.

Multiple horizontal lines for providing additional information.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number

94-3370994

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special 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.

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. Don't 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 ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
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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
1	<hr/> <hr/> <hr/>	\$ <u>7,771,341.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>199,885.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
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Part II Noncash Property (see instructions). Use duplicate copies of Part 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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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. from 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 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 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 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	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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) organizations: Complete Part III.

Name of organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$ _____

3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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))				
f	Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2019

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 of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
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?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		11,142.
j Total. Add lines 1c through 1i			11,142.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
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	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE FOUNDATION'S LOBBYING ACTIVITIES INVOLVE ONLINE MAILING ADVOCACY TOOLS THAT SEND LETTERS TO LEGISLATORS AND OTHER ELECTED OFFICIALS; AND HOSTING HILL DISTRICT DAY EVENTS THAT ENABLE THE FOUNDATION TO CONNECT BUSINESSES AND COMMUNITY LEADERS TO THEIR ELECTED OFFICIALS TO VOICE THEIR SUPPORT FOR SANCTUARIES.

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,769,537.	5,495,583.	6,044,478.	5,420,629.	5,761,725.
b Contributions	73,488.				
c Net investment earnings, gains, and losses	568,195.	-165,041.	-398,895.	740,425.	-66,296.
d Grants or scholarships		561,005.	150,000.	150,000.	150,000.
e Other expenditures for facilities and programs	434,484.				124,800.
f Administrative expenses	70,383.				
g End of year balance	4,906,353.	4,769,537.	5,495,583.	6,044,478.	5,420,629.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment .00 %
 - c Term endowment .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		689,437.	498,601.	190,836.
e Other		6,703.	6,703.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				190,836.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost 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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	10,805,783.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	490,690.
b	Donated services and use of facilities	2b	32,841.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	245,523.
e	Add lines 2a through 2d	2e	769,054.
3	Subtract line 2e from line 1	3	10,036,729.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	258.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	258.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,036,987.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	11,249,094.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	32,841.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	245,523.
e	Add lines 2a through 2d	2e	278,364.
3	Subtract line 2e from line 1	3	10,970,730.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	258.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	258.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,970,988.

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 OPERATIONAL ACTIVITY FUND IS A FUND WITHOUT DONOR RESTRICTIONS THAT SUPPORTS PROGRAMS AND OPERATIONS OF THE FOUNDATION.

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2019, THE FOUNDATION 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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

COGS INCLUDED AS AN EXPENSE ON THE FINANCIAL STATEMENTS 51,640.

AND NETTED AGAINST SALES REVENUE ON PART VIII, LINE 10C.

SPECIAL EVENT EXPENSES INCLUDED AS AN EXPENSE ON THE 193,883.

FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON PART VIII,
LINE 8C.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 245,523.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS INCLUDED AS AN EXPENSE ON THE FINANCIAL STATEMENTS 51,640.

AND NETTED AGAINST SALES REVENUE ON PART VIII, LINE 10C.

SPECIAL EVENT EXPENSES INCLUDED AS AN EXPENSE ON THE 193,883.

FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON PART VIII,
LINE 8C.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 245,523.

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number

94-3370994

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	16	PROGRAM SERVICE ACTIVITIES	PIPA-PHOENIX ISLAND PROJECT-ESTABLISHING A MARINE SANCTUARY EDUCATION CURRICULUM AND	446,343.
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICE ACTIVITIES	INTER-AMERICAN CONVENTION FOR THE PROTECION AND CONSERVATION OF SEA	112,488.
SOUTH AMERICA	0	1	PROGRAM SERVICE ACTIVITIES	INTER-AMERICAN CONVENTION FOR THE PROTECION AND CONSERVATION OF SEA	112,488.
3 a Subtotal	0	18			671,319.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	18			671,319.

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

Schedule F (Form 990) 2019

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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.

Table with 9 columns: (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 noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other). The table contains 8 empty rows.

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

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 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 noncash assistance	(g) Description of noncash 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 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; don't file with Form 990)* Yes 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 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 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 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; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: PIPA-PHOENIX ISLAND

PROJECT-ESTABLISHING A MARINE SANCTUARY EDUCATION CURRICULUM AND TRAINING ALONG WITH MARINE DEBRIS EDUCATION IN KIRIBATI. PROVIDE STATE OF THE ART CURRICULUM AND TRAININGS TO THE PHILIPPINES MPA MANAGEMENT COMMUNITY ON A RANGE OF MPA MANAGEMENT THEMES. FUND A COORDINATOR TO LIAISE WITH GOVERNMENTAL AND NGO PARTNER AGENCIES IN THE PHILIPPINES AND ELSEWHERE IN SE ASIA AND THE CORAL TRIANGLE REGION TO PROVIDE ON THE GROUND SUPPORT FOR MPA AND FISHERIES MANAGEMENT INITIATIVES FUNDED BY NMFS, NOAA AND USAID. PROVIDE TECHNICAL ASSISTANCE, CAPACITY BUILDING AND ADVISORY SUPPORT TO INDONESIA'S MINISTRY OF MARINE AFFAIRS AND FISHERIES AND LOCAL PARTNERS FOR A RANGE OF MPA AND FISHERIES MANAGEMENT THEMES, INCLUDING: MPA MANAGEMENT; SUSTAINABLE TOURISM; FISHERIES STOCK ASSESSMENTS; AND COMBATING ILLEGAL, UNREPORTED, AND UNREGULATED (IUU) FISHING (INCLUDING PORTS STATES MEASURES).

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: INTER-AMERICAN CONVENTION FOR THE PROTECION AND CONSERVATION OF SEA TURTLE THROUGHOUT CENTRAL AMERICA AND THE CARRIBEAN (MEXICO, BELIZE, GUATEMALA, HONDURAS, COSTA RICA, PANAMA, DOMINICAN REPUBLIC, EL SALVADOR)

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: INTER-AMERICAN CONVENTION FOR THE PROTECION AND CONSERVATION OF SEA TURTLE THROUGHOUT SOUTH AMERICA (ECUADOR, VENEZUELA, URUGUAY, BRAZIL, PERU, ARGENTINA, CHILE)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number
94-3370994

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		OCEAN AWARDS GALA	SA FISHY AFFAIR	1		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	483,951.	51,850.	51,650.	587,451.
	2	Less: Contributions	410,151.	41,900.	47,360.	499,411.
	3	Gross income (line 1 minus line 2)	73,800.	9,950.	4,290.	88,040.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	6,000.			6,000.
	7	Food and beverages	81,264.	23,144.	4,230.	108,638.
	8	Entertainment	32,751.		200.	32,951.
	9	Other direct expenses	38,540.	4,881.	2,873.	46,294.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				193,883.
11	Net income summary. Subtract line 10 from line 3, column (d)				-105,843.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(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 noncash assistance	(h) Purpose of grant or assistance
OCEAN EXPLORATION TRUST 613 WILLIAMS STREET NEW LONDON, CT 06320	83-0488383	501(C)(3)	348,560.	0.			EXPLORATION EDUCATION RESOURCES DEVELOPMENT
KAKO'O OIWI 46-005 KAWA STREET SUITE #104 KANE'OHE, HI 96744-3887	57-1236490	501(C)(3)	316,900.	0.			HE'EIA AHUPUAA RESTORATION
THE NATURE CONSERVANCY 801 GERVAIS ST., STE 202 COLUMBIA, SC 29201	53-0242652	501(C)(3)	109,641.	0.			ENGAGING GRAY'S REEF NMS ANGLERS ON BEST PRACTICES AND SANCTUARY STEWARDSHIP/FELLOWSHIP
WOODS HOLE OCEANOGRAPHIC INST. 266 WOODS HOLE RD. MS #33 WOODS HOLE, MA 02543	04-2105850	501(C)(3)	82,859.	0.			SAND LANCE DATA COLLECTION AND ANALYSIS IN STELLWAGEN BANK NMS
WEST VIRGINIA UNIVERSITY FOUNDATION - ONE WATERFRONT PLACE, 7TH FLOOR, PO BOX 1650 - MORGANTOWN, WV 26501	55-6017181	501(C)(3)	75,000.	0.			SOCIO-ECONOMIC STUDIES FOR NATIONAL MARINE SANCTUARY VISITATION
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, BOX 368 HONOLULU, HI 96822	99-6000354	GOVERNMENT	64,051.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS/FELLOWSHIP PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **40.**

3 Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
UNIVERSITY OF MARYLAND CENTER FOR ENVIRONMENTAL SCIENCE - PO BOX 775 - CAMBRIDGE, MD 21613	52-6002033	GOVERNMENT	61,375.	0.			AQUACULTURE EDUCATION
KUPU 677 ALA MOANA BLVD SUITE 1200 HONOLULU, HI 96813	51-0652665	501(C)(3)	53,898.	0.			INTERNSHIPS FOR TARO RESEARCH AND CORAL NURSERY PROJECT
AZA 8403 COLESVILLE ROAD, SUITE 710 SILVER SPRING, MD 20910	55-0526930	501(C)(3)	50,000.	0.			AQUARIUMS/FLOWER GARDEN BANK NMS PARTNERSHIPS
FEIRO MARINE LIFE CENTER PO BOX 625 PORT ANGELES, WA 98362	26-1957956	501(C)(3)	50,000.	0.			OLYMPIC COAST NMS MARINE DISCOVERY CENTER
GULF OF MAINE RESEARCH INSTITUTE 350 COMMERCIAL STREET PORTLAND, ME 04101	01-0504905	501(C)(3)	50,000.	0.			TRAWL TO TABLE SEAFOOD SUSTAINABILITY WORKSHOPS
OCEAN DISCOVERY INSTITUTE 4255 THORN STREET SAN DIEGO, CA 92105	33-0862531	501(C)(3)	50,000.	0.			STEM EDUCATION PROGRAM EXPANSION
MIT 15 EMILY STREET CAMBRIDGE, MA 02139	04-2103954	501(C)(3)	49,500.	0.			PHOTO AND VIDEO IMAGERY COLLECTION IN STELLWAGEN BANK NMS
CONSOLIDATED SAFETY SERVICES, INC. 1305 EAST WEST HWY #9213 SILVER SPRING, MD 20832	54-1480935	INCORPORATED	44,737.	0.			HIGH-RESOLUTION SATELLITE DATA AND WEATHER PATTERNS
FRIENDS OF THUNDER BAY MARINE SANCTUARY - 500 W. FLETCHER STREET - ALPENA, MI 49707	27-3494471	501(C)(3)	43,235.	0.			SONAR MAPPING OF THUNDER BAY NMS AND SUPPORTING OUTREACH ACTIVITIES

Schedule I (Form 990)

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
SEA RESEARCH FOUNDATION 55 COOGAN BOULEVARD MYSTIC, CT 06355	06-1480300	501(C)(3)	37,308.	0.			FISHERIES COMMUNITY ECOLOGY IN STELLWAGEN BANK NMS; NATIONAL MARINE SANCTUARY SYSTEM EXHIBIT
SEAFOOD NUTRITION PARTNERSHIP 1001 19TH STREET N. SUITE 1200 ARLINGTON, VA 22209	90-0948097	501(C)(3)	35,000.	0.			SUPPORT FOR STATE OF THE SCIENCE SYMPOSIUM AND REGISTERED DIETICIAN OUTREACH CAMPAIGN
QUILEUTE INDIAN TRIBE PO BOX 187 LA PUSH, WA 98350	91-0761286	GOVERNMENT	30,000.	0.			EDUCATION PARTNERSHIP WITH OLYMPIC COAST NMS
QUINULT INDIAN NATION PO BOX 189 TAHOLAH, WA 98587	91-0760952	GOVERNMENT	30,000.	0.			EDUCATION PARTNERSHIP WITH OLYMPIC COAST NMS
PACIFIC NORTHWEST COLLEGE OF ART 511 NW BROADWAY PORTLAND, OR 97209	93-1139187	501(C)(3)	25,000.	0.			SALMON LIFE CYCLE ANIMATION
CENTER FOR COASTAL STUDIES 5 HOLWAY AVENUE PROVINCETOWN, MA 02657	04-2609788	501(C)(3)	20,000.	0.			PLANNING FOR VISITOR CENTER FOR STELLWAGEN BANK NMS IN PROVINCETOWN, MASS.
THE OCEAN FOUNDATION PO BOX 2506 PROVIDENCE, RI 02906	71-0863908	501(C)(3)	19,250.	0.			INTERNATIONAL YOUNG ADULT ENGAGEMENT IN OCEAN STEWARDSHIP
REGENTS OF THE UNIVERSITY OF CALIFORNIA, UC SAN DIEGO - 9500 GILMAN DRIVE MC 0210 - LA JOLLA, CA 92093	95-6006144	501(C)(3)	13,099.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS
UNIVERSITY OF SOUTH FLORIDA 140 SEVENTH AVENUE SOUTH, MSL 119 ST. PETERSBURG, FL 33701	59-2959590	GOVERNMENT	12,300.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS

Schedule I (Form 990)

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
LOVELAND LIVING PLANET AQUARIUM 12033 SOUTH LONE PEAK PARKWAY DRAPER, UT 84020	87-0572706	501(C)(3)	12,030.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS
EAST TENNESSEE HISTORICAL SOCIETY P.O. BOX 1629 KNOXVILLE, TN 37901	32-0320825	501(C)(3)	12,000.	0.			HISTORIC PRESERVATION OF WEATHER KIOSK (PRESERVE AMERICA)
NATIONAL AQUARIUM IN BALTIMORE 501 E. PRATT STREET BALTIMORE, MD 21202	52-1121163	501(C)(3)	10,945.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS
GEORGIA AQUARIUM 225 BAKER STREET ATLANTA, GA 30313	58-2574918	501(C)(3)	10,900.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS
AQUARIUM OF THE PACIFIC 100 AQUARIUM WAY LONG BEACH, CA 90802	33-0532354	501(C)(3)	10,594.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS
NEW ENGLAND AQUARIUM #1 CENTRAL WHARF BOSTON, MA 02110	04-2297514	501(C)(3)	10,500.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS
OREGON MUSEUM OF SCIENCE AND INDUSTRY - 1945 SE WATER AVENUE - PORTLAND, OR 97214	93-0402877	501(C)(3)	10,500.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS
SOUTH CAROLINA AQUARIUM 100 AQUARIUM WHARF CHARLESTON, SC 29401	57-0961897	501(C)(3)	10,500.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS
DAUPHIN ISLAND SEA LAB 101 BIENVILLE BLVD DAUPHIN ISLAND, AL 36528	63-0779657	501(C)(3)	10,247.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS

Schedule I (Form 990)

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
GREAT LAKES AQUARIUM 353 HARBOR DRIVE DULUTH, MN 55802	41-1659809	501(C)(3)	10,247.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS
CLEARWATER MARINE AQUARIUM RESEARCH INSTITUTE - 249 WINDWARD PASSAGE - CLEARWATER, FL 33767	26-2568737	501(C)(3)	10,000.	0.			RIGHT WHALE FESTIVAL
LAKE PLACID OLYMPIC MUSEUM 2634 MAIN STREET LAKE PLACID, NY 12946	16-1517554	501(C)(3)	10,000.	0.			PRESERVATION OF HISTORIC WEATHER ARTIFACTS SUPPORTING LAKE PLACID OLYMPICS (PRESERVE
NATIONAL MARINE EDUCATORS ASSOCIATION (GULF OF MAINE) - 50 FURBISH ROAD - WELLS, ME 04090	01-0412164	501(C)(3)	10,000.	0.			ANNUAL CONFERENCE OF MARINE EDUCATION PROFESSIONALS
TEXAS STATE AQUARIUM 2710 N SHORELINE BLVD CORPUS CHRISTI, TX 78402	23-7044950	501(C)(3)	8,802.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS
ECOEXPLORATORIO PO BOX 2803 GUAYNABO, PR 00970	66-0762579	INCORPORATED	8,750.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS
NEW MEXICO BIOPARK SOCIETY 903 TENTH STREET SW ALBUQUERQUE, NM 87102	23-7087964	501(C)(3)	6,024.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS
GRASSROOT GARBAGE GANG PO BOX 1480 OCEAN PARK, WA 98640	32-0062366	501(C)(3)	6,000.	0.			MARINE DEBRIS REMOVAL
UNIVERSITY OF CALIFORNIA RIVERSIDE 900 UNIVERSITY AVE. RIVERSIDE, CA 92521	95-6006142	GOVERNMENT	6,000.	0.			OCEAN LITTER STRATEGY PLAN

Schedule I (Form 990)

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 noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

EACH GRANTEE IS REQUIRED BY MUTUALLY SIGNED AGREEMENT TO SUBMIT TO THE FOUNDATION BOTH NARRATIVE AND FINANCIAL REPORTS USING SPECIFIC FORMS. REPORTS ARE DUE TO THE FOUNDATION TWICE A YEAR FOR THE DURATION OF THE PROJECT, AND GRANTEES ARE EXPECTED TO SUBMIT A FINAL REPORT AS WELL. THE FOUNDATION RESERVES THE RIGHT AS NECESSARY TO MONITOR AND CONDUCT AN EVALUATION OF THE PROJECT BEING FUNDED, WHICH MAY INCLUDE A VISIT FROM THE FOUNDATION'S PERSONNEL TO OBSERVE THE ORGANIZATION'S PROJECT, DISCUSS THE PROJECT WITH THE ORGANIZATION'S PERSONNEL, AND REVIEW FINANCIAL AND OTHER

Part IV Supplemental Information

MATERIALS CONNECTED WITH THE ACTIVITIES FUNDED BY THE FOUNDATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: THE NATURE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGING GRAY'S REEF NMS ANGLERS ON BEST PRACTICES AND SANCTUARY STEWARDSHIP/FELLOWSHIP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LAKE PLACID OLYMPIC MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: PRESERVATION OF HISTORIC WEATHER ARTIFACTS SUPPORTING LAKE PLACID OLYMPICS (PRESERVE AMERICA)

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number

94-3370994

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

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 on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on 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:

- a** The organization?
- b** Any related organization?
- 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KRISTEN SARRI PRESIDENT & CEO	(i)	192,147.	40,850.	0.	7,031.	11,016.	251,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(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 7:

SEE PART II FOR BONUSES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	9	5,405.	FMV
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		220.	FMV
5	Clothing and household goods	X		4,228.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	5	75,504.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	3	1,150.	FMV
19	Food inventory	X	29	15,872.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (AUCTION EXP.)	X	34	24,318.	FMV
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN INCLUDES THE NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for data entry.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number

94-3370994

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND PRESERVE AMERICA'S MARITIME HISTORY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2019, THE ORGANIZATION STARTED THE COAST ZONE PROGRAM. SEE PART III,
LINE 4D FOR ADDITIONAL INFORMATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LABORATORIES AND HUBS FOR SCIENTIFIC RESEARCH TO IMPROVE UNDERSTANDING
OF OUR OCEAN AND GREAT LAKES.

THROUGH THIS PARTNERSHIP, THE FOUNDATION SUPPORTS PUBLIC OUTREACH
ACTIVITIES AT SIX SANCTUARY-FOCUSED VISITOR CENTERS AND NUMEROUS
EXHIBITS LOCATED AT PARTNER VENUES THAT WELCOME MILLIONS OF VISITORS
EACH YEAR; PROVIDES MINI-GRANTS TO APPROXIMATELY 50 SCHOOLS IN NINE
STATES ANNUALLY TO COMPLETE ENVIRONMENTAL STEWARDSHIP PROJECTS; AND
FACILITATES INTERACTIVE EXPLORATION AND MAPPING EXPEDITIONS INTO WEST
COAST AND PACIFIC NATIONAL MARINE SANCTUARIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EACH YEAR IN THE NATIONAL MARINE SANCTUARY SYSTEM TO NEW AUDIENCES
CONNECTED TO SUSTAINABLE FISHERIES/SEAFOOD AND ENDANGERED/PROTECTED
SPECIES.

WORKING IN PARTNERSHIP WITH OCEAN EXPLORATION AND RESEARCH, THE
FOUNDATION MANAGES AN EDUCATION PROGRAM THAT PROMOTES THE ADVANCEMENT

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
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OF OCEAN SCIENCE LITERACY THROUGH OCEAN EXPLORATION. THE PROGRAM PROVIDES OPPORTUNITIES FOR EDUCATORS THROUGHOUT THE COUNTRY TO GAIN AN IN-DEPTH UNDERSTANDING OF HOW TO INTEGRATE NOAA OCEAN EXPLORATION SCIENCE AND TECHNOLOGY IN CLASSROOMS, HELPING THEM TEACH STUDENTS ABOUT AMERICA'S MARINE RESOURCES AND THE LARGER OCEAN OF WHICH THEY ARE A PART. THE PROGRAM SERVES TEN AQUARIUM AND SCIENCE CENTERS ANNUALLY THAT HOST OCEAN EXPLORATION EDUCATOR WORKSHOPS FOR APPROXIMATELY 50 TEACHERS EACH, CONVENES OCEAN EXPLORATION STAKEHOLDERS AT VARIOUS WORKSHOPS AND AT CAPITOL HILL OCEAN WEEK, AND PRODUCES A VARIETY OF EDUCATIONAL AND OUTREACH PRODUCTS SUCH AS LESSON PLANS AND LEARNING MATERIALS THAT LINK TEACHERS ACROSS THE U.S. TO NOAA SCIENCE RESOURCES AND MISSIONS OF THE OKEANOS EXPLORER.

IN SUPPORT OF PROTECTING SPECIES THAT INHABIT NATIONAL MARINE SANCTUARIES, THE FOUNDATION SUPPORTS THE WORK OF THE INTERAMERICAN CONVENTION FOR THE PROTECTION AND CONSERVATION OF SEA TURTLES (IAC), INCLUDING ANNUAL AND BIENNIAL MEETINGS TO CONVENE CONVENTION REPRESENTATIVES AND OTHER STAKEHOLDERS, AND TO SUPPORT SEA TURTLE-FOCUSED CONSERVATION AND OUTREACH PROJECTS INITIATED BY THE IAC.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: FEET (ABOUT THE SIZE OF 52 FOOTBALL FIELDS) OF THE FLORIDA REEF TRACT. THE FOUNDATION WORKED WITH LOCAL COMMUNITIES TO SUPPORT THE DESIGNATION OF THE FIRST NEW NATIONAL MARINE SANCTUARY IN 19 YEARS AT MALLOWS BAY-POTOMAC RIVER AND ESTABLISH CONSERVATION PROGRAMS FOR WATER QUALITY TO PROMOTE HEALTHY COMMUNITIES AND ENCOURAGE SUSTAINABLE TOURISM AND RECREATION.

Name of the organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WORKING IN PARTNERSHIP WITH THE OFFICE OF COAST MANAGEMENT, THE NATIONAL MARINE SANCTUARY FOUNDATION SUPPORTS RESTORATION OF THE HE'EIA NATIONAL ESTUARINE RESEARCH RESERVE (NERR) IN HAWAII. THE GOAL OF THIS PROJECT IS TO ERADICATE INVASIVE MANGROVE SPECIES FROM THIS MARINE PROTECTED AREA BY 2022, THE 100TH ANNIVERSARY OF THEIR INTRODUCTION TO THE STATE, AND REPLACE THE INVASIVES WITH NATIVE PLANTS, WHICH IN TURN HELPS BRING BACK NATIVE WILDLIFE TO THE RESERVE AS WELL. THE FOUNDATION WORKS WITH THE KEY HAWAIIAN PARTNERS WHO MANAGE THE HE'EIA NERR ON THIS PROJECT.

EXPENSES \$ 272,900. INCLUDING GRANTS OF \$ 272,900. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

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

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number

94-3370994

PERSONS FROM PARTICIPATING IN THE BOARD'S OR COMMITTEE'S DISCUSSION AND VOTING REGARDING THE TRANSACTION OR AGREEMENT WHICH RESULTED IN THE CONFLICT OF INTEREST OR THE POTENTIAL CONFLICT OF INTEREST.

THE FOUNDATION STAFF ANNUALLY SIGNS A STATEMENT AFFIRMING RECEIPT OF THE CONFLICT OF INTEREST POLICY AND MUST REFRAIN FROM ANY ACTIVITY WHICH CREATES A CONFLICT 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 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 FORM 990 AND ALSO CONSISTENT WITH INTERNAL REVENUE CODES "EXCESS BENEFIT TRANSACTION" RULES. THE POLICY ON THE PROCESS FOR DETERMINING COMPENSATION OF THE FOUNDATION APPLIES TO THE COMPENSATION OF THE FOLLOWING PERSONS EMPLOYED BY THE FOUNDATION: THE FOUNDATION'S CHIEF EMPLOYED EXECUTIVE (THE CEO/PRESIDENT) AND OTHER COMPENSATED OFFICERS AND KEY EMPLOYEES OF THE FOUNDATION (IF ANY). THE LAST REVIEW TOOK PLACE IN DECEMBER 2019.

THE PROCESS INCLUDES ALL OF THESE ELEMENTS: (1) REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OR THE COMPENSATION COMMITTEE OF THE FOUNDATION; (2) USE OF DATA ON COMPARABLE COMPENSATION; AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING, AS FOLLOWS:

1. REVIEW AND APPROVAL: THE COMPENSATION OF THE PERSON IS REVIEWED AND

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

APPROVED BY THE EXECUTIVE COMMITTEE, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL.

2. USE OF DATA AS TO COMPARABLE COMPENSATION: THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

3. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING: THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT
VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 18:
THE 1023 FORM IS AVAILABLE UPON REQUEST; AND THE 990 AND 990-T ARE AVAILABLE ON THE THE FOUNDATION'S WEBSITE, AND ON CHARITY INFORMATION WEBSITES.

FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST; AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE THE FOUNDATION'S WEBSITE AND ON CHARITY INFORMATION WEBSITES.