

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public  
Inspection

<b>A</b> For the <b>2022</b> calendar year, or tax year beginning and ending																											
<b>B</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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>NATIONAL MARINE SANCTUARY FOUNDATION</b></td> <td rowspan="2"><b>D</b> Employer identification number  <b>94-3370994</b></td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2"><b>E</b> Telephone number <b>(301) 608-3040</b></td> </tr> <tr> <td><b>8455 COLESVILLE ROAD</b></td> <td><b>1275</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>SILVER SPRING, MD 20910</b></td> <td><b>G</b> Gross receipts \$ <b>16,485,872.</b></td> </tr> <tr> <td colspan="2" rowspan="2"><b>F</b> Name and address of principal officer: <b>ALLISON ALEXANDER</b> <b>SAME AS C ABOVE</b></td> <td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>I</b> 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</td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>J</b> Website: <b>WWW.MARINESANCTUARY.ORG</b></td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>L</b> Year of formation: <b>2000</b> <b>M</b> State of legal domicile: <b>MI</b></td> </tr> </table>	<b>C</b> Name of organization <b>NATIONAL MARINE SANCTUARY FOUNDATION</b>		<b>D</b> Employer identification number  <b>94-3370994</b>	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <b>(301) 608-3040</b>	<b>8455 COLESVILLE ROAD</b>	<b>1275</b>	City or town, state or province, country, and ZIP or foreign postal code <b>SILVER SPRING, MD 20910</b>		<b>G</b> Gross receipts \$ <b>16,485,872.</b>	<b>F</b> Name and address of principal officer: <b>ALLISON ALEXANDER</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	<b>I</b> 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		<b>H(c)</b> Group exemption number	<b>J</b> Website: <b>WWW.MARINESANCTUARY.ORG</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2000</b> <b>M</b> State of legal domicile: <b>MI</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>83</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>20</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>11,737,356.</b>	<b>Current Year</b> <b>15,356,781.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>134,214.</b>	<b>176,757.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>136,473.</b>	<b>428,687.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>4,718.</b>	<b>-8,671.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12,012,761.</b>	<b>15,953,554.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,119,114.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>5,038,893.</b>	<b>5,755,888.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>41,571.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>684,613.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>4,517,010.</b>	<b>6,471,606.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>11,675,017.</b>	<b>16,683,505.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>337,744.</b>	<b>-729,951.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>12,239,682.</b>	<b>End of Year</b> <b>10,308,887.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,209,867.</b>	<b>4,468,272.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>8,029,815.</b>	<b>5,840,615.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date	
	<b>VERONICA ALI, VICE PRESIDENT OF FINANCE</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	<b>RICHARD J. LOCASTRO, CPA</b>			<b>P00288314</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		
	<b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	<b>52-1392008</b>		
	Firm's address	Phone no.		
	<b>4550 MONTGOMERY AVE SUITE 800N</b>	<b>301-951-9090</b>		
	<b>BETHESDA, MD 20814-2930</b>			

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? ☐ 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 ☒ 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 \$ 3,470,956. including grants of \$ 2,848,233. ) (Revenue \$ )

OUR NATIONAL MARINE SANCTUARIES ARE HOTSPOTS FOR BIODIVERSITY. THEY ARE HOME TO ICONIC SPECIES LIKE MIGRATORY WHALES AND MAJESTIC SEA BIRDS, AND HABITATS LIKE MASSIVE CORAL REEFS AND TOWERING KELP FORESTS; AND, THEY PRESERVE OUR HISTORICAL AND CULTURAL REMAINS LIKE SHIPWRECKS, AIRCRAFT, AND ARTIFACTS THAT DEFINE OUR NATION'S MARITIME HISTORY. THE NATIONAL MARINE SANCTUARY FOUNDATION'S WORK AIDS IN THE CONSERVATION, RESTORATION, AND PROTECTION OF THESE SPECIAL PLACES.

WORKING WITH INDIVIDUAL SANCTUARIES WITHIN THE NATIONAL MARINE SANCTUARY SYSTEM, THE FOUNDATION SUPPORTS LOCALLY IMPLEMENTED PROJECTS TO IMPROVE CONSERVATION AND MANAGEMENT OF OUR PROTECTED WATERS, ENGAGE SURROUNDING COMMUNITIES AND STAKEHOLDERS IN STEWARDSHIP OF SANCTUARIES,

**4b** (Code: ) (Expenses \$ 6,214,624. including grants of \$ 1,158,199. ) (Revenue \$ 232,814. )

THE NATIONAL MARINE SANCTUARY FOUNDATION CONNECTS PEOPLE TO THEIR SANCTUARIES AND 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. WE ENCOURAGE LOCAL STEWARDSHIP AND NATIONAL ENGAGEMENT THAT LEADS TO BIG DIFFERENCES FOR OUR OCEAN AND GREAT LAKES, INCLUDING PROMOTING SUSTAINABLE RECREATION AND TOURISM IN NATIONAL MARINE SANCTUARIES; ESTABLISHING LIFELONG CONNECTIONS TO NATIONAL MARINE SANCTUARIES AND MONUMENTS THROUGH EDUCATION AND PUBLIC AWARENESS; DEMONSTRATING HOW THE NATIONAL MARINE SANCTUARY SYSTEM SERVES AS A GLOBAL MODEL FOR MARINE PROTECTED AREA MANAGEMENT; AND ENGAGING PARTNERS AND THE PUBLIC IN CONSERVATION AND STEWARDSHIP OF MARINE PROTECTED AREAS.

**4c** (Code: ) (Expenses \$ 2,680,621. including grants of \$ 244,178. ) (Revenue \$ )

THE NATIONAL MARINE SANCTUARY FOUNDATION FOSTERS A PUBLIC-PRIVATE PARTNERSHIP IN THE FLORIDA KEYS FOR THE MISSION: ICONIC REEFS INITIATIVE. MISSION: ICONIC REEFS BUILDS OFF OF DECADES OF PIONEERING RESTORATION EFFORTS PROVEN SUCCESSFUL IN THE FLORIDA KEYS INVOLVING GROWING AND TRANSPLANTING CORALS, SETTING THE STAGE FOR THIS LARGE-SCALE, MULTI-PHASED RESTORATION EFFORT AT SEVEN REEFS. THE FIRST PHASE FOCUSES ON RESTORING ELKHORN AND STAGHORN CORALS, FAST-GROWING SPECIES THAT HAVE NOT BEEN AFFECTED BY THE CURRENT OUTBREAK OF STONY CORAL TISSUE LOSS DISEASE. THE SECOND PHASE WILL FOCUS ON INCORPORATING RESILIENT CORALS OF OTHER SLOWER GROWING SPECIES AND INTRODUCING GRAZER SPECIES THAT CONTROL INVASIVE ALGAE THAT SMOTHER AND OUTCOMPETE CORAL. THE GOAL IS TO RESTORE DIVERSITY AND ECOLOGICAL FUNCTION TO THE REEFS

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 957,533. including grants of \$ 163,830. ) (Revenue \$ )

**4e** Total program service expenses 13,323,734.

Form 990 (2022)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	135
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 83		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b> N/A		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b> N/A		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b> N/A		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b> N/A		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b> N/A		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b> N/A		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b> N/A		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b> N/A		

**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**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	15			
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.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		15		
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> 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
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> 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
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**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  
**VERONICA ALI - (301) 608-3040**  
**8455 COLESVILLE ROAD, 1275, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KRISTEN SARRI PRESIDENT & CEO	40.00			X				276,174.	0.	19,586.
(2) VERONICA ALI VICE PRESIDENT OF FINANCE	40.00			X				152,115.	0.	5,453.
(3) ALLISON ALEXANDER VICE PRESIDENT OF PROGRAM OPERATIONS	40.00					X		125,547.	0.	20,715.
(4) CAROL KING CHIEF OF STAFF	40.00					X		113,396.	0.	10,420.
(5) GINAIA KELLY MB CHAPTER DIRECTOR	40.00					X		116,215.	0.	4,427.
(6) SHANNON COLBERT VICE PRESIDENT OF EXTERNAL AFFAIRS	40.00					X		110,710.	0.	4,459.
(7) MATTHEW MCINTOSH VISUAL INFORMATION SPECIALIST	40.00					X		104,794.	0.	4,102.
(8) JAMES HNAT CHAIRMAN, END TERM 10/2022	1.00	X		X				0.	0.	0.
(9) JULIAN MYERS VICE-CHAIR, END TERM 10/2022	1.00	X		X				0.	0.	0.
(10) SUSIE KONDRACKI TREASURER, CO-CHAIR, FROM 10/22	1.00	X		X				0.	0.	0.
(11) MARK MCDADE SECRETARY, CO-CHAIR, FROM 10/22	1.00	X		X				0.	0.	0.
(12) MARTIN PETERS DIRECTOR	0.50	X						0.	0.	0.
(13) LYNN SCARLETT DIRECTOR	0.50	X						0.	0.	0.
(14) DAWN RODNEY DIRECTOR	0.50	X						0.	0.	0.
(15) BARBARA BIRDSEY DIRECTOR	0.50	X						0.	0.	0.
(16) JOHN RUDOLF DIRECTOR	0.50	X						0.	0.	0.
(17) HEATHER LUDERMANN DIRECTOR	0.50	X						0.	0.	0.

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) GARY DEMASI DIRECTOR	0.50	X						0.	0.	0.
(19) JUSTIN DUNNAVANT DIRECTOR	0.50	X						0.	0.	0.
(20) LARRY MERCUILEFF DIRECTOR	0.50	X						0.	0.	0.
(21) ANDY WINER DIRECTOR	0.50	X						0.	0.	0.
(22) DANE NICHOLS DIRECTOR	0.50	X						0.	0.	0.
(23) LAURA ZAGAR DIRECTOR	0.50	X						0.	0.	0.
(24) JOSE ASTORQUI DIRECTOR	0.50	X						0.	0.	0.
<b>1b Subtotal</b>								998,951.	0.	69,162.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								998,951.	0.	69,162.

**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

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**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAPITOL EXHIBIT SERVICES, INC. 12299 LIVINGSTON ROAD, MANASSAS, VA 20109	EXHIBITS AND KIOSKS	685,053.
FOR MOMENTUM, 1816 INDEPENDENCE SQUARE, SUITE D, ATLANTA, GA 30338	CREATE CORPORATE PARTNER PROGRAM	267,088.
PRECON EVENTS, INC., 11910 PARKLAWN DRIVE, SUITE T, ROCKVILLE, MD 20852	PROFESSIONAL EVENT PRODUCTION	221,690.
INTERNATIONAL TRADE CENTER PO BOX 14580, WASHINGTON, DC 20044	VENUE SITE FOR CONFERENCES AND EVEN	196,433.
OCEAN ASSOCIATES, INC., 4007 NORTH ABINGDON STREET, ALEXANDRIA, VA 22207	EMPLOYMENT SERVICES	151,210.

**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

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**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>	60,000.				
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	178,875.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	12,893,945.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,223,961.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 40,058.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		15,356,781.				
<b>Program Service Revenue</b>	<b>2 a</b>	VESSEL OPERATIONS	<b>Business Code</b>	900099	112,585.	112,585.		
	<b>b</b>	REGISTRATION FEES		900099	64,172.	64,172.		
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		176,757.				
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		504,625.			504,625.
<b>4</b>		Income from investment of tax-exempt bond proceeds .....						
<b>5</b>		Royalties .....						
<b>6 a</b>		Gross rents .....	(i) Real	(ii) Personal				
<b>b</b>		Less: rental expenses ...						
<b>c</b>		Rental income or (loss) .....						
<b>d</b>		Net rental income or (loss) .....						
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
<b>b</b>		Less: cost or other basis and sales expenses .....						
<b>c</b>		Gain or (loss) .....						
<b>d</b>		Net gain or (loss) .....						
<b>8 a</b>		Gross income from fundraising events (not including \$ 178,875. of contributions reported on line 1c). See Part IV, line 18 .....		142,998.				
<b>b</b>		Less: direct expenses .....		229,806.				
<b>c</b>		Net income or (loss) from fundraising events .....		-86,808.				
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19 .....						
<b>b</b>	Less: direct expenses .....							
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....		67,119.					
<b>b</b>	Less: cost of goods sold .....		11,062.					
<b>c</b>	Net income or (loss) from sales of inventory .....		56,057.					
<b>Miscellaneous Revenue</b>	<b>11 a</b>	MISCELLANEOUS	<b>Business Code</b>	900099	22,080.		22,080.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		22,080.				
	<b>12</b>	<b>Total revenue.</b> See instructions .....		15,953,554.	232,814.	0.	363,959.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,414,440.	4,414,440.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	453,327.	73,940.	305,447.	73,940.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,391,159.	3,130,510.	1,128,749.	131,900.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	89,221.	69,916.	16,320.	2,985.
<b>9</b> Other employee benefits	427,924.	310,594.	98,083.	19,247.
<b>10</b> Payroll taxes	394,257.	280,257.	94,275.	19,725.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	33,269.	3,642.	27,647.	1,980.
<b>c</b> Accounting	45,767.	-1,042.	46,809.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	41,571.			41,571.
<b>f</b> Investment management fees	178,326.		178,326.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,251,679.	871,552.	180,674.	199,453.
<b>12</b> Advertising and promotion	532,916.	379,113.	73,233.	80,570.
<b>13</b> Office expenses	459,099.	433,010.	21,259.	4,830.
<b>14</b> Information technology	391,737.	135,122.	237,002.	19,613.
<b>15</b> Royalties				
<b>16</b> Occupancy	551,370.	399,165.	152,205.	
<b>17</b> Travel	502,348.	457,183.	42,500.	2,665.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	832,359.	797,460.	10,216.	24,683.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	45,263.	42,644.	2,619.	
<b>23</b> Insurance	21,693.	4,475.	17,218.	
<b>24</b> 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.)				
<b>a</b> EXHIBITS AND KIOSKS	823,032.	815,012.		8,020.
<b>b</b> EQUIP., RENTAL & MAINT.	272,855.	269,775.	2,830.	250.
<b>c</b> PROGRAM EXPENSES	233,406.	233,406.		
<b>d</b> VESSEL OPERATIONS	158,542.	158,542.		
<b>e</b> All other expenses	137,945.	45,018.	39,746.	53,181.
<b>25</b> Total functional expenses. Add lines 1 through 24e	16,683,505.	13,323,734.	2,675,158.	684,613.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,617,701.	<b>1</b>	1,295,537.
	<b>2</b> Savings and temporary cash investments .....	1,935,290.	<b>2</b>	1,110,414.
	<b>3</b> Pledges and grants receivable, net .....	729,095.	<b>3</b>	1,223,435.
	<b>4</b> Accounts receivable, net .....	336,355.	<b>4</b>	245,347.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	63,744.	<b>9</b>	138,038.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 305,413.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 251,109.		
	<b>11</b> Investments - publicly traded securities .....	99,569.	<b>10c</b>	54,304.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,593,472.	<b>11</b>	3,799,259.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	72,676.	<b>12</b>	78,351.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,791,780.	<b>15</b>	2,364,202.	
	12,239,682.	<b>16</b>	10,308,887.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,310,923.	<b>17</b>	1,856,357.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	37,800.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	2,898,944.	<b>25</b>	2,574,115.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,209,867.	<b>26</b>	4,468,272.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
<b>27</b> Net assets without donor restrictions .....		4,925,622.	<b>27</b>	2,391,006.
<b>28</b> Net assets with donor restrictions .....		3,104,193.	<b>28</b>	3,449,609.
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds .....			<b>29</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>30</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> .....		8,029,815.	<b>32</b>	5,840,615.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....		12,239,682.	<b>33</b>	10,308,887.

Form 990 (2022)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	15,953,554.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	16,683,505.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-729,951.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	8,029,815.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,137,982.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-321,267.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,840,615.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> 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	<b>2a</b>	<input checked="" type="checkbox"/>
<b>b</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	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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.	<b>2c</b>	<input checked="" type="checkbox"/>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</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 _____	<b>3b</b>	<input checked="" type="checkbox"/>

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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).)
- 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 on 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		
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4104925.	9643488.	9348867.	11737356.	15356781.	50191417.
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 <b>Total.</b> Add lines 1 through 3 .....	4104925.	9643488.	9348867.	11737356.	15356781.	50191417.
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 <b>Public support.</b> Subtract line 5 from line 4.						50191417.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4 .....	4104925.	9643488.	9348867.	11737356.	15356781.	50191417.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	63,441.	126,872.	58,642.	126,746.	504,625.	880,326.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	24,450.	3,207.	12,702.	9,733.	22,080.	72,172.
11 <b>Total support.</b> Add lines 7 through 10						51143915.
12 Gross receipts from related activities, etc. (see instructions) .....					12	725,702.
13 <b>First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	14	98.14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14 .....	15	98.66	%
16a <b>33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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"/>

Schedule A (Form 990) 2022

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> 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>2a</b>			
<b>b</b> Did the activities described on line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

**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. THEREFORE, THE  
2018 COLUMN INCLUDES A SHORT PERIOD.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization

Employer identification number

**NATIONAL MARINE SANCTUARY FOUNDATION****94-3370994****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
<u>1</u>		\$ <u>10,251,326.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,546,799.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>321,267.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**NATIONAL MARINE SANCTUARY FOUNDATION****94-3370994****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

Employer identification number

**NATIONAL MARINE SANCTUARY FOUNDATION****94-3370994**

**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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2022**

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

**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) 2022

LHA

232041 11-08-22

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

**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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		1,976.
<b>j</b> Total. Add lines 1c through 1i			1,976.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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 expenditures next year?	4	
<b>5</b> 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 SUPPORT ONLINE MAILING ADVOCACY

TOOLS THAT SEND LETTERS DIRECTLY TO LEGISLATORS AND OTHER ELECTED

OFFICIALS, HOSTING ONLINE HILL FLY-IN MEETINGS AND 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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 July 25, 2006, 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? .....

☐ Yes ☐ No

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)? .....

☐ Yes ☐ No

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) 2022

**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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit 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	5,206,644.	4,934,320.	4,906,353.	4,769,537.	5,495,583.
b Contributions	10,042.	10,466.	10,027.	73,488.	
c Net investment earnings, gains, and losses	-887,621.	391,136.	480,678.	568,195.	-165,041.
d Grants or scholarships					561,005.
e Other expenditures for facilities and programs	225,661.	117,083.	261,275.	434,484.	
f Administrative expenses		12,195.	201,463.	70,383.	
g End of year balance	4,103,404.	5,206,644.	4,934,320.	4,906,353.	4,769,537.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 100 %

b Permanent endowment .0000 %

c Term endowment .0000 %

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:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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		22,458.	5,094.	17,364.
d Equipment		282,955.	246,015.	36,940.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				54,304.

Schedule D (Form 990) 2022

**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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) DEPOSITS	23,793.
(2) RIGHT-OF-USE ASSETS	2,340,409.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,364,202.

**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) OPERATING LEASE LIABILITIES	2,503,615.
(3) REFUNDABLE ADVANCES	70,500.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,574,115.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	14,569,289.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,137,982.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	12,442.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	240,868.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-884,672.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,453,961.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	178,326.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	321,267.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	499,593.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	15,953,554.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	16,758,489.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	12,442.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	240,868.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	253,310.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	16,505,179.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	178,326.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	178,326.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	16,683,505.

**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, 2022, 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)

COST OF GOODS SOLD INCLUDED AS AN EXPENSE ON THE 11,062.  
FINANCIAL STATEMENTS AND NETTED AGAINST SALES REVENUE ON  
PART VIII, LINE 10B.  
SPECIAL EVENT EXPENSE INCLUDED AS EXPENSE ON THE FINANCIAL  
STATEMENTS AND NETTED AGAINST REVENUE ON PART VIII, LINE 8B 229,806.  
TOTAL TO SCHEDULE D, PART XI, LINE 2D 240,868.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

PPP LOAN FORGIVENESS RECOGNIZED AS A CONDITIONAL GRANT ON THE 2021  
FINANCIAL STATEMENTS, BUT INCLUDED IN 2022 990 IN THE YEAR  
IT WAS FORGIVEN. 321,267.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD INCLUDED AS AN EXPENSE ON THE 11,062.  
FINANCIAL STATEMENTS AND NETTED AGAINST SALES REVENUE ON  
PART VIII, LINE 10B.  
SPECIAL EVENT EXPENSE INCLUDED AS EXPENSE ON THE FINANCIAL 229,806.  
STATEMENTS AND NETTED AGAINST REVENUE ON PART VIII, LINE 8B  
TOTAL TO SCHEDULE D, PART XII, LINE 2D 240,868.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

Employer identification number

**NATIONAL MARINE SANCTUARY FOUNDATION**

**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	9	PROGRAM SERVICES ACTIVITIES	SEE PART V FOR FULL DESCRIPTION	43,732.
CENTRAL AMERICA AND THE CARIBBEAN	0	2	PROGRAM SERVICES ACTIVITIES	SEE PART V FOR FULL DESCRIPTION	191,745.
SOUTH AMERICA	0	1	PROGRAM SERVICES ACTIVITIES	SEE PART V FOR FULL DESCRIPTION	19,905.
<b>3 a Subtotal</b> .....	0	12			255,382.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	12			255,382.

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

Schedule F (Form 990) 2022

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 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

Schedule F (Form 990) 2022

**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: PROVIDE STATE OF THE ART CURRICULUM AND TRAININGS TO THE MPA MANAGEMENT COMMUNITY ON A RANGE OF MPA MANAGEMENT THEMES. FUND A COORDINATOR TO LIAISE WITH GOVERNMENTAL AND NGO PARTNER AGENCIES IN THE PHILIPPINES, INDONESIA, 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 PROTECTION AND CONSERVATION OF SEA TURTLE THROUGHOUT CENTRAL AMERICA AND THE CARIBBEAN (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 PROTECTION AND CONSERVATION OF SEA TURTLE THROUGHOUT SOUTH AMERICA (ECUADOR, VENEZUELA, URUGUAY, BRAZIL, PERU, ARGENTINA, CHILE, COLUMBIA)

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

**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.**

**Attach to Form 990 or Form 990-EZ.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2022

**Open to Public Inspection**

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
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

**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			
GREY DOG GROUP - 151 STERLING MANOR DRIVE #3110,	GRANT WRITING SUPPORT		X	66,886.	14,071.	52,815.
D'ALESSANDRO, INC - 758 FRANKLIN AVENUE, UNIT 749,	MAJOR GIFT PROGRAM DEVELOPMENT		X	0.	27,500.	-27,500.
<b>Total</b>				66,886.	41,571.	25,315.

**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.

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NY, OR, PA, RI, SC, TN, UT, VA, WV  
WI

**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	SEA STARS BRUNCH	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	157,028.	164,845.		321,873.
	2 Less: Contributions .....	39,000.	139,875.		178,875.
	3 Gross income (line 1 minus line 2) .....	118,028.	24,970.		142,998.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....		681.		681.
	6 Rent/facility costs .....	6,000.	2,100.		8,100.
	7 Food and beverages .....	96,899.	29,068.		125,967.
	8 Entertainment .....		3,000.		3,000.
	9 Other direct expenses .....	80,448.	11,610.		92,058.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				229,806.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-86,808.	

**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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: GREY DOG GROUP

(I) ADDRESS OF FUNDRAISER:

151 STERLING MANOR DRIVE #3110, WILLIAMSBURG, VA 23185

(I) NAME OF FUNDRAISER: D'ALESSANDRO, INC

(I) ADDRESS OF FUNDRAISER:

758 FRANKLIN AVENUE, UNIT 749, FRANKLIN LAKES, NJ 07417



<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CORAL RESTORATION FOUNDATION 89111 OVERSEAS HWY TAVERNIER, FL 33070	65-1054647	501 (C) 3	1,009,006.	0.			RESTORATION AND MONITORING OF EDR
MOTE MARINE LABORATORY. 1600 KEN THOMPSON PKWY SARASOTA, FL 34236	59-0756643	C CORP	927,543.	0.			RESTORATION AND MONITORING OF EDR
UNIVERSITY OF THE VIRGIN ISLANDS # 2 JOHN BREWERS BAY ST. THOMAS, VI 00802	66-0432514	501 (C) 3	274,330.	0.			LARGE SCALE USVI CORAL RESTORATION USING SELECTIVE BREEDING AND ASSISTED EVOLUTION
GULF OF MAINE RESEARCH INSTITUTE 350 COMMERCIAL STREET PORTLAND, ME 04101	01-0504905	501 (C) 3	265,000.	0.			MARINE RESOURCES EDUCATION PROGRAM
THE PEW CHARITABLE TRUSTS 901 E ST NW WASHINGTON, DC 20004	56-2307147	501 (C) 3	200,000.	0.			U.S. MARINE BIODIVERSITY TASK FORCE
REEF RENEWAL USA, INC. 4002 W. STATE ST. SUITE 200 TAMPA, FL 33609	83-4404613	C CORP	170,785.	0.			MISSION ICONIC REEFS CORAL RESTORATION CAPACITY BUILDING

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **41.**

**3** Enter total number of other organizations listed in the line 1 table **6.**

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCEAN EXPLORATION TRUST 613 WILLIAMS STREET NEW LONDON, CT 06320	83-0488383	501 (C) 3	131,036.	0.			EDUCATION COLLABORATIONS FOR PACIFIC ISLANDS E/V NAUTILUS EXPEDITION
MIT SEA GRANT 15 EMILY STREET CAMBRIDGE, MA 02139	04-2103954	501 (C) 3	112,684.	0.			SEA TO SPACE: A JOURNEY INTO STELLWAGEN BANK PUBLIC EXHIBIT
FLORIDA INTERNATIONAL UNIVERSITY (FIU) - 11200 SW 8TH STREET MARC 355 - MIAMI, FL 33199	65-0177616	501 (C) 3	94,799.	0.			MARICULTURE OF CARIBBEAN KING CRABS FOR CORAL REEF RESTORATION
THE FLORIDA AQUARIUM 701 CHANNELSIDE DRIVE TAMPA, FL 33602	59-2807815	C CORP	86,633.	0.			MISSION ICONIC REEFS CORAL RESTORATION CAPACITY BUILDING
FLORIDA STATE UNIVERSITY 282 CHAMPIONS WAY, UCA2200 TALLAHASSEE, FL 32306	59-1961248	501 (C) 3	81,507.	0.			MISSION ICONIC REEFS CORAL RESTORATION CAPACITY BUILDING
SEA RESEARCH FOUNDATION 55 COOGAN BOULEVARD MYSTIC, CT 06355	06-1480300	501 (C) 3	64,469.	0.			4 GRANTS: TWO FOR EXPLORATION EDUCATION TEACHER WORKSHOPS (\$6,722 COLLECTIVELY); DEIA
FLORIDA SEA BASE - BOY SCOUTS OF AMERICA - BRINTON CENTER - 23800 OVERSEAS HIGHWAY - SUMMERLAND KEY, FL 33042	22-1576300	C CORP	57,955.	0.			MISSION ICONIC REEFS CORAL RESTORATION CAPACITY BUILDING
WAIKIKI AQUARIUM 2777 KALAKAUA AVENUE HONOLULU, HI 96815	99-6000354	501 (C) 3	50,000.	0.			EXHIBIT INTERPRETING RESOURCES OF PAPAHAUUMOKUAKEA MARINE NATIONAL MONUMENT
UNIVERSITY OF FLORIDA PO BOX 113201 SUITE 1250 GAINESVILLE, FL 32611	59-6002052	501 (C) 3	49,798.	0.			MISSION ICONIC REEFS CORAL RESTORATION CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMITHSONIAN INSTITUTION P. O. BOX 37012, MRC 1205 WASHINGTON, DC 20213	53-0206027	501 (C) 3	42,852.	0.			MISSION ICONIC REEFS CORAL RESTORATION CAPACITY BUILDING
THE NATURE CONSERVANCY 801 GERVAIS ST., STE 202 COLUMBIA, SC 29201 WEST VIRGINIA UNIVERSITY FOUNDATION - ONE WATERFRONT PLACE, 7TH FLOOR, PO BOX 1650 - MORGANTOWN, WV 26501	53-0242652	501 (C) 3	42,166.	0.			HI MARINE FELLOWSHIP PROGRAM SOCIOECONOMIC MONITORING FOR ICONIC REEFS IN FLORIDA KEYS NATIONAL MARINE SANCTUARY
THE MARION INSTITUTE, INC. DBA STEAM THE STREETS - 2086 PHEASANT DR - HERCULES, CA 94547 UDALL FOUNDATION, NATIONAL CENTER FOR ENVIRONMENTAL CONFLICT RESOLUTION - 130 S. SCOTT AVENUE - TUCSON, AZ 85701	55-6017181	501 (C) 3	40,278.	0.			CREATING A MARINE CAREERS FEATURE FOR THE STEAM THE STREETS CAREERHUB ONLINE PLATFORM
BLACK IN MARINE SCIENCE 522 W RIVERSIDE AVE SUITE N SPOKANE, WA 99201 THE OCEAN FOUNDATION (FISCAL SPONSOR FOR THE OCEAN PROJECT) - 1320 19TH STREET, NW, SUITE 500 - WASHINGTON, DC 20036	04-3206583	501 (C) 3	35,000.	0.			TRIBAL COMMUNITY WORKSHOPS SUPPORTING THE PROPOSED CHUMASH HERITAGE NATIONAL MARINE SANCTUARY
BLACK IN MARINE SCIENCE 522 W RIVERSIDE AVE SUITE N SPOKANE, WA 99201 THE OCEAN FOUNDATION (FISCAL SPONSOR FOR THE OCEAN PROJECT) - 1320 19TH STREET, NW, SUITE 500 - WASHINGTON, DC 20036	51-0563508	FEDERAL AGENCY G	33,805.	0.			2 GRANTS: \$25,867 BIMS SOUTH FLORIDA IMMERSION PROJECT; \$7,000 SCIENCE COMMUNICATIONS INTERNSHIP
SEAFOOD NUTRITION PARTNERSHIP 1001 19TH STREET N. SUITE 1200 ARLINGTON, VA 22209 NA MAKA ONAONA NON-PROFIT ORGANIZATION - FISCAL SPONSOR FOR NA WA'A MAUO MARINE - PO BOX 947 - KILAUEA, HI 96754	86-1303144	501 (C) 3	32,876.	0.			GROWING DIVERSE YOUTH ENGAGEMENT AND LEADERSHIP FOR OUR OCEAN
SEAFOOD NUTRITION PARTNERSHIP 1001 19TH STREET N. SUITE 1200 ARLINGTON, VA 22209 NA MAKA ONAONA NON-PROFIT ORGANIZATION - FISCAL SPONSOR FOR NA WA'A MAUO MARINE - PO BOX 947 - KILAUEA, HI 96754	71-0863908	501 (C) 3	32,600.	0.			STATE OF THE SCIENCE SYMPOSIUM
SEAFOOD NUTRITION PARTNERSHIP 1001 19TH STREET N. SUITE 1200 ARLINGTON, VA 22209 NA MAKA ONAONA NON-PROFIT ORGANIZATION - FISCAL SPONSOR FOR NA WA'A MAUO MARINE - PO BOX 947 - KILAUEA, HI 96754	90-0948097	501 (C) 3	25,000.	0.			DEIA OCEAN EXPLORATION GRANT: 'IKE MOANA: OCEAN LITERACY THROUGH OLELO HAWAII (HAWAIIAN
	84-2027061	501 (C) 3	25,000.	0.			

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI - ROSENSTIEL SCHOOL OF MARINE AND ATMOSPHERIC SCIENCE - PO BOX 405803 - ATLANTA, GA 30384	59-0624458	501 (C) 3	24,997.	0.			DEIA OCEAN EXPLORATION GRANT: OCEAN EXPLORERS
EDMUNDS CENTRAL SCHOOL DISTRICT P.O. BOX 317 ROSCOE, SD 57471	46-0416362	501 (C) 3	24,992.	0.			OCEAN EXPLORATION EDUCATION GRANT: GREAT PLAINS OCEAN INSTITUTE
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER ST., CUB 303 LOS ANGELES, CA 90089	95-1642394	C CORP	24,821.	0.			DEIA OCEAN EXPLORATION GRANT: INCREASING DEI PARTICIPATION IN STEM CAREERS: TRAINING
THE RESEARCH FOUNDATION FOR THE SUNY - P.O. BOX 9 - ALBANY, NY 12201	14-1368361	501 (C) 3	24,432.	0.			DEIA OCEAN EXPLORATION GRANT: UNDERGRADUATE DEEP-SEA RESEARCH CAPACITY BUILDING WITH
OCEAN DISCOVERY LEAGUE PO BOX 182 SAUNDERSTOWN, RI 02874	84-1827384	501 (C) 3	23,100.	0.			DEVELOPMENT OF LOW-COST LIGHTING MODULES FOR DEEP-SEA IMAGING
QUILEUTE INDIAN TRIBE PO BOX 187 LA PUSH, WA 98350	91-0761286	26 USC 7823 GOVE	20,000.	0.			SUPPORT IPC, TEK AND COMPLETE SEWAGE PUMP AT MARINA
HOH INDIAN TRIBE PO BOX 2196 FORKS, WA 98331	91-0887990	26 USC 7823 GOVE	20,000.	0.			OLYMPIC COAST NMS ENGAGEMENT AND WATERSHED ADVENTURE CAMP
MAKAH TRIBE PO BOX 115 NEAH BAY, WA 98357	91-0492517	26 USC 7823 GOVE	20,000.	0.			OLYMPIC COAST NMS ENGAGEMENT ON OASES MEETINGS, AND MARINE RESEARCH AND MONITORING
MONTEREY BAY FISHERIES TRUST 99 PACIFIC STREET, SUITE 575-C MONTEREY, CA 93940	47-1978379	501 (C) 3	20,000.	0.			LOST GEAR RECOVERY: PREVENTING ENTANGLEMENTS IN MONTEREY BAY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF DELAWARE 700 PILOTTOWN RD. LEWES, DE 19958	51-6000297	501 (C) 3	19,740.	0.			DEIA OCEAN EXPLORATION GRANT: BUILDING OCEAN LITERACY THROUGH HANDS-ON OCEAN EXPLORATION
MATEREVOLVE 189 SPRING GROVE AVE SAN ANSELMO, CA 94960	83-0620451	SINGLE LLC	17,000.	0.			VIRTUAL MICROFIBER WORKSHOP FOR SOS 2.0 REPORT ON MICROFIBER POLLUTION
ALPENA COUNTY LIBRARY 211 N FIRST AVENUE ALPENA, MI 49707	35-2231171	26 USC 115 GOVER	15,000.	0.			THUNDER BAY SANCTUARY RESEARCH COLLECTION PROJECT
THE MARINER'S MUSEUM AND PARK 100 MUSEUM DRIVE NEWPORT NEWS, VA 23606	54-0541801	501 (C) 3	15,000.	0.			MARINERS ACCESS PROJECT: TECHNOLOGY DRIVEN METHODS FOR MEANINGFUL ENGAGEMENT
BUTLER COUNTY HIGH SCHOOL 1852 S. MAIN MORGANTOWN, KY 42261	61-6001326	501 (C) 3	14,821.	0.			OCEAN EXPLORATION EDUCATION GRANT: DIVING DEEP INTO MARINE BIOLOGY
NATIONAL MARINE EDUCATORS ASSOCIATION - 50 FURBISH ROAD - WELLS, ME 04090	01-0412164	501 (C) 3	10,000.	0.			ANNUAL CONFERENCE OF MARINE EDUCATION PROFESSIONALS
BRUNSON ELEMENTARY SCHOOL-WINSTON-SALEM/FORSYTH COUNTY SCHOOLS - 475 CORPORATE SQUARE DRIVE - WINSTON-SALEM, NC	56-0795164	501 (C) 3	8,000.	0.			OCEAN GUARDIAN EDUCATIONAL MINI-GRANT
WILEY MAGNET MIDDLE SCHOOL-WINSTON-SALEM/FORSYTH COUNTY SCHOOLS - 475 CORPORATE SQUARE DRIVE - WINSTON-SALEM, NC	56-0795164	501 (C) 3	8,000.	0.			OCEAN GUARDIAN EDUCATIONAL MINI-GRANT
SOUTH CAROLINA AQUARIUM 100 AQUARIUM WHARF CHARLESTON, SC 29401	57-0961897	501 (C) 3	6,982.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECOEXPLORATORIO PO BOX 2803 GUAYNABO, PR 00970	66-0762579	501 (C) (3)	6,700.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS
THE COLLEGE OF THE FLORIDA KEYS 5901 COLLEGE RD KEY WEST, FL 33040	59-1209205	501 (C) (3)	6,036.	0.			ICONIC REEFS SITE MAINTENANCE PILOT PROGRAM
GRASSROOT GARBAGE GANG PO BOX 1480 OCEAN PARK, WA 98640	32-0062366	501 (C) (3)	6,000.	0.			MARINE DEBRIS AWARENESS PROJECT
DUKE UNIVERSITY 2200 W. MAIN STREET STE 710 DURHAM, NC 27705	56-0532129	501 (C) (3)	5,812.	0.			LONG TERM WAVE ATTENUATION AND HYDRODYNAMICS STUDY
GREAT LAKES AQUARIUM 353 HARBOR DRIVE DULUTH, MN 55802	41-1659809	501 (C) (3)	5,640.	0.			EXPLORATION EDUCATION TEACHER WORKSHOPS

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 ONCE 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: UNIVERSITY OF THE VIRGIN ISLANDS

(H) PURPOSE OF GRANT OR ASSISTANCE: LARGE SCALE USVI CORAL RESTORATION  
USING SELECTIVE BREEDING AND ASSISTED EVOLUTION TECHNOLOGIES

NAME OF ORGANIZATION OR GOVERNMENT: SEA RESEARCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 4 GRANTS: TWO FOR EXPLORATION  
EDUCATION TEACHER WORKSHOPS (\$6,722 COLLECTIVELY); DEIA MINIGRANT: OCEAN  
EXPLORATION ADVENTURES \$24,953; MARINE COMMUNITY ECOLOGY IN STELLWAGEN  
BANK NMS \$32,794.

NAME OF ORGANIZATION OR GOVERNMENT:

UDALL FOUNDATION, NATIONAL CENTER FOR ENVIRONMENTAL CONFLICT RESOLUTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TRIBAL COMMUNITY WORKSHOPS  
SUPPORTING THE PROPOSED CHUMASH HERITAGE NATIONAL MARINE SANCTUARY  
DESIGNATION PROCESS

NAME OF ORGANIZATION OR GOVERNMENT:

NA MAKA ONAONA NON-PROFIT ORGANIZATION - FISCAL SPONSOR FOR NA WA'A MAUO MAR

(H) PURPOSE OF GRANT OR ASSISTANCE: DEIA OCEAN EXPLORATION GRANT: 'IKE  
MOANA: OCEAN LITERACY THROUGH OLELO HAWAII (HAWAIIAN LANGUAGE)

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: DEIA OCEAN EXPLORATION GRANT:  
INCREASING DEI PARTICIPATION IN STEM CAREERS: TRAINING SCIENTIFIC SCUBA  
DIVERS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE RESEARCH FOUNDATION FOR THE SUNY

(H) PURPOSE OF GRANT OR ASSISTANCE: DEIA OCEAN EXPLORATION GRANT:

UNDERGRADUATE DEEP-SEA RESEARCH CAPACITY BUILDING WITH TRAINING FOR  
UNDERREPRESENTED GROUPS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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**

--	--	--

--	--	--

--	--	--

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

Schedule J (Form 990) 2022



**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:****THE FOLLOWING EMPLOYEES RECEIVED THE FOLLOWING BONUSES ON PART VII:**

KRISTEN SARRI

\$23,300

VERONICA ALI

\$9,000

ALLISON ALEXANDER

\$9,000

SHANNON COLBERT

\$9,000

CAROL KING

\$10,900

GINAIA KELLY

\$10,000

MATTHEW MCINTOSH

\$3,000

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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 .....	<b>X</b>	<b>16</b>	<b>26,023.</b>	<b>FMV</b>
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	<b>X</b>		<b>195.</b>	<b>FMV</b>
5 Clothing and household goods .....	<b>X</b>		<b>982.</b>	<b>FMV</b>
6 Cars and other vehicles .....	<b>X</b>		<b>1,199.</b>	<b>FMV</b>
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	<b>X</b>	<b>1</b>	<b>10,149.</b>	<b>FMV</b>
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 .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( <b>FOOD AND BEVERA</b> ) .....	<b>X</b>	<b>11</b>	<b>777.</b>	<b>FMV</b>
26 Other ( <b>JEWELRY</b> ) .....	<b>X</b>	<b>7</b>	<b>479.</b>	<b>FMV</b>
27 Other ( <b>RECREATIONAL</b> ) .....	<b>X</b>	<b>6</b>	<b>254.</b>	<b>FMV</b>
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 V, Donee Acknowledgement .....

**29**

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 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

Yes No

30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>
33		

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

Schedule M (Form 990) 2022

**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.

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O**  
**(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number

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

AND PRESERVE AMERICA'S MARITIME RESOURCES.

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

AND ENHANCES OUR SCIENTIFIC KNOWLEDGE OF OUR OCEAN, COASTS, AND GREAT  
LAKES. THE FOUNDATION SUPPORTS WHALE CONSERVATION AND RESEARCH, MARINE  
DEBRIS REMOVALS, AND HABITAT RESTORATION.

NATIONAL MARINE SANCTUARIES AND MONUMENTS ARE IMPORTANT AREAS FOR  
FINDING SOLUTIONS TO HELP PREVENT ENTANGLEMENTS, RESCUE WHALES, AND  
REDUCE MORTALITY FROM SHIP STRIKES. THE FOUNDATION WORKS WITH ITS  
PARTNERS TO HOST DISENTANGLEMENT WORKSHOPS TO IMPROVE RESPONSE AND  
PREPAREDNESS TO RESCUE ENTANGLED WHALES, SUPPORTS RESEARCH TO IDENTIFY  
WHALE USE AREAS TO REDUCE CO-OCCURRENCE WITH FISHING ACTIVITY, VESSEL  
TRAFFIC AND OTHER THREATS, AND ACTIVELY TESTS AND SUPPORTS NEW GEAR  
INNOVATIONS THAT REDUCE THE RISK OF ENTANGLEMENTS.

UNDERWATER MARINE DEBRIS CLEAN-UP IS AN EXPANDING PROGRAM FOR THE  
FOUNDATION. IN 2022, THE FOUNDATION AND ITS PARTNERS REMOVED 32,587  
POUNDS OF DEBRIS UNDER THE GOAL: CLEAN SEAS PROGRAM IN THE FLORIDA KEYS  
AND CHANNEL ISLANDS (AS OF NOV. 2022). IN THE CHANNEL ISLANDS, THE  
FOUNDATION CONTINUED TO WORK WITH COMMERCIAL LOBSTER FISHERS, LOCAL  
NONPROFIT PARTNERS, AND THE CHANNEL ISLANDS NATIONAL MARINE SANCTUARY  
AND NATIONAL PARK SERVICE STAFF TO CONDUCT REMOTE SHORELINE CLEANUPS.  
THE FOUNDATION IS SUPPORTING COMMUNITY PARTNERS ON RESTORATION

INITIATIVES ACROSS THE COUNTRY TO REVERSE THE DEGRADATION AFFECTING

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

Schedule O (Form 990) 2022



Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

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MANY KEY HABITATS INCLUDING CORAL RESTORATION IN FLORIDA AND THE U.S.

VIRGIN ISLANDS, DEEPWATER AND MESOPHOTIC CORAL COMMUNITIES IN THE GULF OF MEXICO, AND SUBMERGED AQUATIC VEGETATION ALONG THE WEST COAST.

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

THE NATIONAL MARINE SANCTUARY FOUNDATION INVESTS IN PREPARING THE NEXT GENERATION OF CONSERVATIONISTS TO TACKLE THE CHALLENGES FACING OUR OCEAN AND GREAT LAKES. PROGRAMS REACH MORE THAN 1,000 K-12 EDUCATORS ANNUALLY; AND CONNECT SITES IN THE NATIONAL MARINE SANCTUARY SYSTEM TO SUSTAINABLE FISHERIES/SEAFOOD AND ENDANGERED/PROTECTED SPECIES. WE AIM TO CREATE AHA! MOMENTS THAT LEAD TO A LIFELONG PASSION FOR THE OCEAN AND GREAT LAKES BY PROVIDING STUDENTS, EDUCATORS, AND LIFELONG LEARNERS WITH OPPORTUNITIES TO EXPLORE AND DISCOVER CONNECTIONS TO THE NATURAL WORLD, NO MATTER WHERE THEY LIVE. OUR EDUCATION WORK INCLUDES IN- AND OUT-OF-CLASSROOM LEARNING EXPERIENCES, TEACHER TRAININGS, AND EDUCATIONAL EXHIBITS AT ZOOS AND AQUARIUMS ACROSS THE COUNTRY.

THE FOUNDATION SUPPORTS STAFF, OPERATIONS, EXHIBITS, AND/OR PROGRAMS AT NINE VISITOR CENTER SITES IN EACH OF THE THREE REGIONS OF THE NATIONAL MARINE SANCTUARY SYSTEM. THE FOUNDATION WORKS CONTINUOUSLY WITH ITS PARTNERS AT NOAA AND OTHER ORGANIZATIONS FOR INNOVATIVE EXHIBITS, FACILITIES, AND PROGRAMS THAT ALLOW SANCTUARY VISITOR CENTERS TO BECOME VIBRANT HUBS CENTERING THE ROLE AND VALUE OF SANCTUARIES TO THEIR SURROUNDING COMMUNITIES.

THE FOUNDATION ENGAGES A VARIETY OF STAKEHOLDER GROUPS, INCLUDING RECREATIONAL AND COMMERCIAL FISHERS, SEAFOOD SUPPLY CHAIN AND CONSUMERS, INTERNATIONAL STAKEHOLDERS, AND ENCOURAGING THOROUGH,

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INFORMED, SCIENCE-BASED DIALOGUE ON THE VALUE OF MARINE PROTECTED AREAS LIKE NATIONAL MARINE SANCTUARIES. THE FOUNDATION ALSO SUPPORTS PROJECTS THAT WORK CLOSELY WITH INDIGENOUS COMMUNITIES TO ADVANCE THE UNDERSTANDING AND USE OF INDIGENOUS KNOWLEDGE, ENCOURAGE BETTER PUBLIC UNDERSTANDING OF THE ROLE OF NATIVE PEOPLE IN OUR HISTORY WITH OUR WATERS, AND CELEBRATE THE CULTURES OF INDIGENOUS COMMUNITIES. THESE PROGRAMS SPAN THE ENTIRE NATIONAL MARINE SANCTUARY SYSTEM, WITH PARTICULAR FOCUS IN THE PACIFIC ISLANDS, OLYMPIC COAST, AND THE CENTRAL COAST OF CALIFORNIA.

PROFESSIONAL DEVELOPMENT FOR FORMAL AND INFORMAL EDUCATORS IS A LARGE PART OF OUR EDUCATION PORTFOLIO, SINCE THE TRAIN-THE-TRAINER APPROACH ALLOWS EXPONENTIAL IMPACT, SINCE ONE EDUCATOR MIGHT BRING OCEAN SCIENCE LESSONS AND ACTIVITIES TO DOZENS OF STUDENTS. THE FOUNDATION SEEKS THROUGH GRANT PROGRAMS THAT SERVE TITLE I SCHOOLS AND COMMUNITIES UNDERREPRESENTED IN STEM FIELDS, TO INCREASE THE DIVERSITY AND ACCESSIBILITY OF OCEAN EXPLORATION, OCEAN LITERACY, AND GREAT LAKES EDUCATION, INCREASING STEWARDSHIP BUT ALSO INSPIRING THE FUTURE SCIENTIFIC WORKFORCE OF TOMORROW. THE FOUNDATION SUPPORTS NETWORKS OF EDUCATORS TO SHARE IDEAS, BEST PRACTICES, AND ACTIVITIES THAT ENGAGE STUDENTS IN THE POST-COVID CLASSROOM, THE FOUNDATION LOOKS OUTSIDE OF THE CLASSROOM AS WELL TO IMMERSIVE, HANDS-ON EDUCATION ACTIVITIES, IN SANCTUARIES AND THEIR WATERSHEDS.

THE FOUNDATION SUPPORTS OCEAN GUARDIAN SCHOOLS, SCHOOLS THROUGHOUT THE U.S. IN 9 STATES AND 2 TERRITORIES, THAT MAKE A COMMITMENT TO THE PROTECTION AND CONSERVATION OF THE SCHOOL'S LOCAL WATERSHEDS, THE WORLD'S OCEAN, AND SPECIAL OCEAN AREAS LIKE NATIONAL MARINE

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SANCTUARIES, BY PROPOSING AND IMPLEMENTING A SCHOOL- OR COMMUNITY-BASED CONSERVATION PROJECT ALONG FIVE DISTINCT PROJECT PATHWAYS WITH MEASURABLE OUTCOMES THAT EXCEED 152 THOUSAND KILOGRAMS OF TRASH COLLECTED, 40,000 REUSABLE BAGS AND BOTTLES COLLECTED, AND NEARLY A MILLION SINGLE-USE PLASTIC BOTTLES NOT USED, SINCE ITS INCEPTION. PARTICIPATING STUDENTS ARE ADVOCATES AND AMBASSADORS, WITH PARENTS OBSERVING A 66% INCREASE IN THEIR CHILDREN SPEAKING UP FOR THE ENVIRONMENT TO FRIENDS, FAMILY, AND THEIR COMMUNITY.

THE FOUNDATION ALSO CONDUCTS THE PREMIER OCEAN-FOCUSED CONFERENCE IN THE U.S., OFFERED BOTH IN-PERSON AND VIRTUAL IN 2022, CONVENING NEARLY 1,000 STAKEHOLDERS IN OCEAN AND GREAT LAKES MANAGEMENT AND CONSERVATION TO ADVANCE OCEAN POLICY INITIATIVES AND INCREASE INCLUSION FOR THE OCEAN CONSERVATION MOVEMENT AND MARINE SCIENCES. THE FOUNDATION ALSO HOSTS ITS ANNUAL BLUE BEACON SERIES WITH LOCALLY DRIVEN EVENTS TO SHED LIGHT ON PRESSING OCEAN ISSUES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
BY RETURNING CORAL COVER AT TARGET REEF SITES TO A SELF-SUSTAINING LEVEL.

MODIFYING FISHING GEAR, IDENTIFYING AREAS OF HIGH RISK OF ENTANGLEMENT, AND REMOVING DERELICT GEAR FROM THE WATER CAN DECREASE THE LIKELIHOOD OF LARGE WHALE ENTANGLEMENT. INNOVATIONS LIKE POP-UP OR ROPELESS GEAR WOULD REDUCE OR ELIMINATE VERTICAL FISHING LINES IN THE WATER COLUMN. IN-WATER TESTING OF THESE INNOVATIONS CAN PROVIDE VALUABLE INFORMATION, DATA, AND DESIGN FEEDBACK NEEDED TO GAUGE THE TECHNOLOGY'S EFFICACY AND EASE OF USE BY FISHERMEN. THE FOUNDATION WORKS COLLABORATIVELY WITH

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FISHERMEN TO TEST DIFFERENT GEAR INNOVATIONS IN SANCTUARY AREAS AND AREAS OF CONCERN. THE GOAL IS TO FOSTER COOPERATIVE AND SCIENTIFICALLY SOUND RESEARCH TO SIMULATE REAL WORLD SCENARIOS THAT ADVANCE INNOVATIVE SOLUTIONS.

THE FOUNDATION ALSO EXPANDED ITS UNDERWATER MARINE DEBRIS PROGRAM BY CONTINUING GOAL: CLEAN SEAS CHANNEL ISLANDS, MODELED AFTER GOAL: CLEAN SEAS FLORIDA KEYS. IN GOAL: CLEAN SEAS CHANNEL ISLANDS, THE FOUNDATION WORKING WITH PARTNERS TO REMOVE 8,630 POUNDS OF MARINE DEBRIS AND 134 LOBSTER TRAPS FROM 2.5 MILES OF REMOTE COASTLINES IN CHANNEL ISLANDS NATIONAL MARINE SANCTUARY.

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.

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

SCIENCE UNDERPINS THE WORK OF THE NATIONAL MARINE SANCTUARY FOUNDATION. OUR CONSERVATION, RESTORATION, AND EDUCATION WORK ALL RELIES ON SUPPORTING CRITICAL RESEARCH THAT SUPPORTS THE MANAGEMENT AND CONSERVATION OF SANCTUARIES. THIS INCLUDES SOCIOECONOMIC RESEARCH THAT

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PROVIDES INFORMATION ON HOW MANY PEOPLE USE AND HOW THEY USE NATIONAL MARINE SANCTUARIES. THIS WORK IS IMPORTANT BECAUSE IT BENEFITS LOCAL COMMUNITIES TO HAVE AN INCREASED UNDERSTANDING TO THE IMPORTANCE OF NATIONAL MARINE SANCTUARIES TO THEIR LOCAL ECONOMIES AS WELL AS HAVE ACCESS TO CRITICAL SOCIOECONOMIC DATA THAT CAN FURTHER INFORM LOCAL COMMUNITY DISCUSSIONS WITH REGARDS TO RESOURCE CONSERVATION AND REGULATORY PROCESSES AND DECISIONS. OUR WORK IN SCIENCE AND TECHNOLOGY INCLUDES SUPPORTING ACADEMIC PARTNERS' ACCESS TO NATIONAL MARINE SANCTUARIES TO CONDUCT HABITAT AND SPECIES RESEARCH AND MONITORING. WE SUPPORT EXPERTS PROVIDING INPUT TO FISHERIES ECOLOGY, WHALE BEHAVIORAL ECOLOGY, WHALE AND BIRD TAGGING TO BETTER UNDERSTAND WHERE KEYSTONE SPECIES FOUND IN SANCTUARIES GO AND WHY, WE SUPPORT WATER QUALITY MONITORING, HABITAT MONITORING THAT PROVIDES IMPORTANT BASELINES ON THE HEALTH OF CORAL REEFS THAT HELPS IDENTIFY AND MITIGATE ISSUES MORE EXPEDITIOUSLY, WE SUPPORT ACOUSTIC MONITORING PROJECTS WHERE STANDARDIZED MEASUREMENTS WERE USED TO IDENTIFY SOUNDS PRODUCED BY MARINE ANIMALS, PHYSICAL PROCESSES, AND HUMAN ACTIVITIES, AND COMPARISONS WERE MADE ACROSS 30 NATIONALLY-DISTRIBUTED LOCATIONS, AND ALSO ANOTHER COLLABORATIVE PROJECT USING PASSIVE ACOUSTIC DRIFTING RECORDERS TO STUDY THE MARINE SOUNDSCAPE IN THE CALIFORNIA CURRENT, INCLUDING THE WEST COAST SANCTUARIES.

THE FOUNDATION SUPPORTS INTEGRATION OF SCIENCE ACTIVITIES ACROSS THE NATIONAL MARINE SANCTUARY SYSTEM TO ENHANCE AWARENESS AND ENGAGEMENT WITH LOCAL COMMUNITIES ACROSS THE COUNTRY WITH REGARDS TO ONGOING RESEARCH, MONITORING AND ASSESSMENT ACTIVITIES. THE FOUNDATION ALSO SUPPORTS THE ACQUISITION OF OCEANOGRAPHIC AND HYDROGRAPHIC SURVEY DATA, AS WELL AS SOUNDSCAPE MOORING DATA; MAINTAIN OCEANOGRAPHIC AND

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HYDROGRAPHIC SURVEY INSTRUMENTS, AND CONDUCT TECHNICAL DATA PROCESSING OPERATIONS THIS DATA IS MADE AVAILABLE TO THE PUBLIC AND PARTNERS FOR QUERIES AND ANALYSIS.

BUT WE DON'T JUST LEAVE SCIENCE FOR PEOPLE WITH PHDS. THE FOUNDATION ALSO SUPPORTS COMMUNITY SCIENCE PROGRAMS LIKE OCEAN COUNT, WHERE VOLUNTEERS SPEND THREE SATURDAYS A YEAR SPOTTING AND IDENTIFYING WHALES IN HAWAIIAN ISLANDS HUMPBACK WHALE NATIONAL MARINE SANCTUARY, VOLUNTEERS TALLY HUMPBACK WHALE SIGHTINGS AND DOCUMENT THE ANIMALS' SURFACE BEHAVIOR DURING THE SURVEY. DATA COLLECTED COMBINED WITH OTHER RESEARCH EFFORTS CAN HELP REVEAL TRENDS IN HUMPBACK WHALE OCCURRENCE WITHIN AND AMONGST WHALE SEASONS.

EXPENSES \$ 957,533. INCLUDING GRANTS OF \$ 163,830. REVENUE \$ 0.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE AUDIT COMMITTEE ALSO DISCUSSED AND REVIEWED THE RETURN IN CONJUNCTION WITH THE OUTSIDE ACCOUNTANTS. 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

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APPROPRIATE COURSE OF ACTION WHICH SERVES THE BEST INTEREST OF THE ORGANIZATION. THE BOARD'S OR COMMITTEE'S DETERMINATION INCLUDES A PRESENTATION FROM THE INTERESTED PERSONS, BUT EXCLUDES THE INTERESTED PERSONS FROM PARTICIPATING IN THE BOARD'S OR COMMITTEE'S DISCUSSION AND VOTING REGARDING THE TRANSACTION OR AGREEMENT WHICH RESULTED IN THE CONFLICT OF INTEREST OR THE POTENTIAL CONFLICT OF INTEREST.

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 2022.

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

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AND RECORDKEEPING, AS FOLLOWS:

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

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

3. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING: THERE IS CONTEMPORANEOUS DOCUMENTATION AND 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 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:



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PPP LOAN CONDITIONAL GRANT

-321,267.

FORM 990, PART XI, LINE 9 - OTHER CHANGE IN NET ASSETS:

ON FEBRUARY 2, 2021, THE FOUNDATION RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$321,267 UNDER THE PAYCHECK PROTECTION PROGRAM (PPP). UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOTE MUST BE USED FOR CERTAIN EXPENDITURES WITHIN A 24-WEEK PERIOD TO ULTIMATELY BE FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION. DURING THE YEAR ENDED DECEMBER 31, 2021, THE FOUNDATION EXPENDED AND TRACKED THE PPP FUNDS FOR PURPOSES OUTLINED IN THE CARES ACT GUIDANCE AND BELIEVES THEY HAVE MET ALL CONDITIONS SET FORTH FOR FULL FORGIVENESS. ACCORDINGLY, UNDER GUIDANCE FOUND IN FASB ASC 958-605, THE FOUNDATION HAS RECOGNIZED THE PPP FUNDING AS A CONDITIONAL CONTRIBUTION BY WHICH ALL CONDITIONS HAVE BEEN MET. ACCORDING TO THE IRS INSTRUCTIONS, THE PPP LOAN REVENUE MUST BE RECOGNIZED IN THE YEAR IT IS FORGIVEN. THEREFORE, CREATING A BOOK TO TAX DIFFERENCE FOR 2021 AND 2022.

PRIOR TO FILING THE FORM 990 THE ORGANIZATION RECEIVED FULL FORGIVENESS FROM THE SBA.