

# Form **990**

\*\* PUBLIC DISCLOSURE COPY \*\*
Return of Organization Exempt From Income Tax

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

ction 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023
Open to Public Inspection

Department of the Treasury

A For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change NATIONAL MARINE SANCTUARY FOUNDATION Name change 94-3370994 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite F Telephone number 1275 (301)608 - 30408455 COLESVILLE ROAD 23,911,126. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended SILVER SPRING, MD 20910 H(a) Is this a group return Applica-F Name and address of principal officer: JOEL JOHNSON Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( 527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.MARINESANCTUARY.ORG H(c) Group exemption number J Website: K Form of organization: X Corporation Trust Association Other L Year of formation: 2000 M State of legal domicile: MI Part I Summary Briefly describe the organization's mission or most significant activities: SEE PART III. LINE 1. Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 16 Number of voting members of the governing body (Part VI, line 1a) 3 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 81 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 20 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year **Current Year** 21,592,928. 15,356,781. Contributions and grants (Part VIII, line 1h) Revenue 176,757. 160,203. Program service revenue (Part VIII, line 2g) 9 428,687. 39,907. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -8,671.-164.958.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 15,953,554. 21,628,080. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,269,711. 4,414,440. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 5,755,888. 6.509.943. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 41,571. 33,524. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 6,471,606. 8,908,384. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 16,683,505. 22,721,562. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -729,951. -1,093,482. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 10,308,887. 9,575,940. Total assets (Part X, line 16) 20 4,189,707. 4,468,272. Total liabilities (Part X, line 26) Vet 5,840,615. 5,386,233. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, 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. 9.5.24 Ulroukes) Signature of officer Sign VERONICA ALI, VICE PRESIDENT OF FINANCE Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name Locastro 09/03/2024 self-employed RICHARD J. LOCASTRO, CPA P00288314 Paid Firm's EIN 52-1392008 GELMAN, ROSENBERG & FREEDMAN Preparer Use Only 4550 MONTGOMERY AVE SUITE 800N Firm's address Phone no. 301-951-9090 BETHESDA, MD 20814-2930 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
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<b>ZUZ3</b>
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Inspection

Α	For the	2023 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	NATIONAL MARINE SANCTUARY FOUNDATION			
	Name change			94-337099	94
F	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 8455 COLESVILLE ROAD	E Telephone number (301)608-3040		
	return/ termin		1275		23,911,126.
	Ameno	City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910		G Gross receipts \$  H(a) Is this a group re	
F	return Applic tion			for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	····· = =
T	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	1 ` ′	list. See instructions
J	Websit			H(c) Group exemption	n number
		organization: X Corporation Trust Association Other	L Year	of formation: 2000 N	State of legal domicile: MI
P	art I	Summary			
ģ	1	Briefly describe the organization's mission or most significant activities: ${f SEE}$ ${f I}$	PART I	II, LINE 1.	
Governance	2	Check this box if the organization discontinued its operations or dispos	and of more	than 25% of its not ass	oto.
/err	3			1 1	16
Ğ G	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
		Total number of individuals employed in calendar year 2023 (Part V, line 1a)			81
<u>i</u>	6	Total number of volunteers (estimate if necessary)			20
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ď	8	Contributions and grants (Part VIII, line 1h)	15,356,781.	21,592,928.	
'nu	9	Program service revenue (Part VIII, line 2g)	176,757.	160,203.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		428,687.	39,907.
Ω.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-8,671.	-164,958.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		15,953,554.	21,628,080.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,414,440.	7,269,711.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,755,888.	6,509,943.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		41,571.	33,524.
ă×	b	Total fundraising expenses (Part IX, column (D), line 25) 527,82		C 471 COC	0 000 204
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,471,606.	8,908,384. 22,721,562.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-729,951.	
	19	Revenue less expenses. Subtract line 18 from line 12	Ro	ginning of Current Year	-1,093,482. End of Year
Net Assets or		Total accests (Dark V. line 10)		10,308,887.	9,575,940.
Asse Pols	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		4,468,272.	4,189,707.
Vet/	22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		5,840,615.	5,386,233.
P	art II	Signature Block		3,010,0130	3/300/2331
		lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		-	,
Sig	ın	Signature of officer		Date	
He	re	VERONICA ALI, VICE PRESIDENT OF FINANCE			
		Type or print name and title			
_		Print/Type preparer's name  RICHARD J. LOCASTRO, CPA		Date Check Check	PTIN
Pai			no	09/03/2024   self-employe	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN 5	2-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930		Phone no. 30	1-951-9090
Ма	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No
					- 000 (2222)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$7,013,743. including grants of \$4,900,318. ) (Revenue \$)
	CONSERVATION & RESTORATION:
	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 THE CONSERVATION AND MANAGEMENT OF OUR PROTECTED WATERS,
4b	(Code: ) (Expenses \$ 1,061,128. including grants of \$ 173,700.) (Revenue \$ )
	SCIENCE & TECHNOLOGY:
	SCIENCE UNDERPINS THE WORK OF THE NATIONAL MARINE SANCTUARY FOUNDATION.
	OUR CONSERVATION, RESTORATION, AND EDUCATION WORK ALL RELY ON
	SUPPORTING CRITICAL RESEARCH THAT SUPPORTS THE MANAGEMENT AND
	CONSERVATION OF SANCTUARIES. THIS INCLUDES SOCIOECONOMIC RESEARCH THAT
	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 OF 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
4c	(Code:) (Expenses \$ 8,551,695. including grants of \$ 2,142,097. ) (Revenue \$ 214,486. )
	EDUCATION & OUTREACH:
	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
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 2,627,184. including grants of \$ 53,596.) (Revenue \$ )
4e	Total program service expenses 19,253,750.
	Form 990 (2023)

# Form 990 (2023) NATIONAL MARINE SANCTUARY FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del>ا</del>		<del></del>
'		7		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<b> </b> ₩
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	$oxed{oxed}$
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		<del> </del>
u		11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	$\vdash$
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie	21	$\vdash$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<b>₩</b>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_X_	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <del></del> _		
.0		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		$\vdash$
19	,	40		x
00	complete Schedule G, Part III	19		X
20a	The state of the s	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

332003 12-21-23

Form <b>Pa</b> i	1 990 (2023) NATIONAL MARINE SANCTUARY FOUNDATION 94-3370 rt IV Checklist of Required Schedules (continued)	994	Р	age 4
	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		<u>                                   </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pal	rt 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			<b></b>
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 121		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 121  1b 0			
	Elici di chambel chi chia vi Za included chi me ta. Elici ci i net approable	1		
C	(gambling) winnings to prize winners?	1c	Х	
22200	1 12 21 22			(2023)

Form 990 (2023)

NATIONAL MARINE SANCTUARY FOUNDATION

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	81			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	t)?	4a		X
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 Advanced in the Financi					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			.,
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	Х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	-		7a	X	
			al	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7.		X
٨		7d	 	7c		1
u e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		l	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	on an artist and artist the bound of the bou	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the group wing a growing time realized and to the distributions and a continue 40000			9a		
b	Did the annual in a second of the second of			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1401	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		14a		Х
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			14b		
IJ	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			10		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.		ne?	.0		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	,			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 16							
	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	Enter the number of voting members included on line 1a, above, who are independent 1b 16							
2								
	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	X					
	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?	10b	X					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed 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)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.	•						
	X Own website X Another's website X 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	financ	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	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.

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

- 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.

(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i	than o	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) VERONICA ALI VICE PRESIDENT OF FINANCE	40.00	_		37				165 060	0.	6 262
(2) ALLISON ALEXANDER	40.00		$\vdash$	Х		_		165,969.	0.	6,263.
VICE PRESIDENT OF PROGRAM	40.00	1				X		134,279.	0.	20,057.
(3) CAROL KING	40.00							154,275	0.	20,057.
CHIEF OF STAFF (UNTIL 11/2023)	40.00	1				x		140,038.	0.	10,929.
(4) SHANNON COLBERT	40.00									
VICE PRESIDENT OF EXTERNAL		1				x		125,930.	0.	4,919.
(5) JOEL JOHNSON	40.00							· ·		· ·
PRESIDENT & CEO (FROM 07/23)		1		Х				115,921.	0.	2,097.
(6) GINAIA KELLY	40.00									
MB CHAPTER DIRECTOR						Х		111,845.	0.	4,384.
(7) MATTHEW MCINTOSH	40.00									
VISUAL INFORMATION SPECIAL						X		108,968.	0.	4,270.
(8) SUSANNA KONDRACKI	1.00									
CH-CHAIR		Х		Х				0.	0.	0.
(9) MARK MCDADE	1.00									
CH-CHAIR		Х		Х				0.	0.	0.
(10) MARTIN PETERS	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) LAURA ZAGAR	1.00	ļ								
SECRETARY	0.50	Х		Х				0.	0.	0.
(12) BARBARA BIRDSEY	0.50									•
DIRECTOR	0.50	Х				_		0.	0.	0.
(13) DANE NICHOLS	0.50	-							_	0
DIRECTOR (14) PARTY DODATY	0.50	Х	<u> </u>			_		0.	0.	0.
(14) DAWN RODNEY	0.50	-						0.	0.	0
DIRECTOR  (15) BLIZADEMU CDECO	0.50	X	$\vdash$					0.	0.	0.
(15) ELIZABETH CREGO DIRECTOR	0.50	Х						0.	0.	0.
(16) GARY DEMASI	0.50	Λ	$\vdash$		$\vdash$	$\vdash$		0.	0.	<u></u>
DIRECTOR	0.30	Х						0.	0.	0.
(17) HEATHER LUDERMANN	0.50					$\vdash$	$\vdash$	1		
DIRECTOR	0.50	х						0.	0.	0.
										Form 990 (2022)

332007 12-21-23

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)	(D)	(E)	(F)						
Name and title	Average hours per week	box.	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) JODIW NG	0.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(19) JOHN RUDOLF DIRECTOR	0.50	х						0.	0.	0.
(20) JOSE ASTORQUI	0.50									
DIRECTOR		Х						0.	0.	0.
(21) JOSH FRANKLIN DIRECTOR	0.50	Х						0.	0.	0.
(22) JUSTIN DUNNAVANT DIRECTOR	0.50	X						0.	0.	0.
(23) LARRY MERCUILEFF DIRECTOR	0.50	Х						0.	0.	0.
(24) LYNN SCARLETT DIRECTOR, END TERM 10/23	0.50	х						0.	0.	0.
		_								
1b Subtotal								902,950.	0.	52,919.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)								902,950.	0.	52,919.
2 Total number of individuals (including									000 of reportable	,

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

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

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

5 X

#### 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)
	Description of services	Compensation
PRECON EVENTS, INC., 11910 PARKLAWN DRIVE,	PROFESSIONAL EVENT	
SUITE T, ROCKVILLE, MD 20852	PRODUCTION	342,310.
TRADE CENTER MANAGEMENT ASSOCIATES, 1300	VENUE SITE FOR	
PENNSYLVANIA AVENUE, NW, WASHINGTON, DC	CONFERENCE AND EVENT	226,249.
KOYA LEADERSHIP PARTNERS LLC, 20005 MARKET		
STREET; SUITE 3300, PHILADEPHIA, PA 19103	RECRUITING SERVICE	199,397.
OCEAN ASSOCIATES, INC., 4007 NORTH		
ABINGDON STREET, ALEXANDRIA, VA 22207	EMPLOYMENT SERVICES	169,580.
OSIBEYOND L.L.C., 11921 ROCKVILLE PIKE,		
SUITE 210, ROCKVILLE, MD 20852	IT SERVICE	137,896.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization		
· · · · · · · · · · · · · · · · · · ·		200

Form 990 (2023) NATIONA
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	or note to any lin	e in this Part VIII			
		Officer if Schedule O contains a response of	n riote to arry iiir	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a	15,000.				
	b	Membership dues 1b					
	c	Fundraising events 1c	479,719.				
	c	Related organizations 1d					
	e	Government grants (contributions)	19,053,062.				
	f	All other contributions, gifts, grants, and					
		similar amounts not included above 1f	2,045,147.				
		Noncash contributions included in lines 1a-1f	36,136.				
Sor	ŀ	Total. Add lines 1a-1f	,	21,592,928.			
<u> </u>		Totall / GG III/GG TG T	Business Code	, ,			
•	2 a	vessel operations	900099	152,539.	152,539.		
Program Service Revenue	20	·	900099	7,664.	7,664.		
	b		300033	7,004.	7,004.		
n S /en	C						
arai Be	C						
roç	e						
Ф		All other program service revenue					
	ç	Total. Add lines 2a-2f		160,203.			
	3	Investment income (including dividends, interes					
		other similar amounts)		101,458.			101,458.
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	5 Royalties		5,403.			5,403.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 18,594.					
	b	Less: rental expenses 6b 0.					
	c	Rental income or (loss) 6c 18,594.					
	c	Net rental income or (loss)		18,594.			18,594.
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 1,870,277.					
	ŀ	Less: cost or other basis					
<u>o</u>		and sales expenses <b>7b</b> 1,931,828.					
her Revenue	,	Gain or (loss) 7c -61,551.					
eve		Net gain or (loss)		-61,551.			-61,551.
F.				01,001.			01,001.
the	8 8	a Gross income from fundraising events (not including \$ 479,719. of					
ŏ							
		contributions reported on line 1c). See	00 100				
	_	Part IV, line 18	82,100.				
		Less: direct expenses 8b	326,890.	044 500			044 500
		Net income or (loss) from fundraising events		-244,790.			-244,790.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a	78,611.				
	b	Less: cost of goods sold 10b	24,328.				
	c	Net income or (loss) from sales of inventory		54,283.	54,283.		
			<b>Business Code</b>				
sno é	11 a	MISCELLANEOUS	900099	1,552.			1,552.
ane nue	b	)					
elle	c	;					
Miscellaneous Revenue	c	All other revenue					
2	e	Total. Add lines 11a-11d		1,552.			
	12	Total revenue. See instructions		21,628,080.	214,486.	0.	-179,334.

332009 12-21-23

Soot	ion 501(a)(2) and 501(a)(4) arganizations must come	alata all aglumna. All athe	or organizations must con	anlata aalumn (A)	
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			пріете соіитп (А).	X
Do	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		SAPETIOS .	gorrora: exportos	<u> </u>
•	and domestic governments. See Part IV, line 21	7,269,711.	7,269,711.		
2	Grants and other assistance to domestic	, ,	, ,		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	290,251.	29,505.	231,241.	29,505.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,120,072.	3,638,951.	1,240,003.	241,118.
8	Pension plan accruals and contributions (include			T	
	section 401(k) and 403(b) employer contributions)	118,871.	84,094.	28,584.	6,193. 25,912.
9	Other employee benefits	525,341.		140,952.	25,912.
10	Payroll taxes	455,408.	309,222.	123,416.	22,770.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	19,029.	20.	19,009.	
	Accounting	183,457.	106,887.	74,800.	1,770.
	Lobbying	22 524			
е	Professional fundraising services. See Part IV, line 17	33,524.		40.000	33,524.
f	Investment management fees	42,322.		42,322.	
g	Other. (If line 11g amount exceeds 10% of line 25,	2 (01 02(	2 222 755	240 160	40 010
	column (A), amount, list line 11g expenses on Sch O.)	3,621,936.		240,162.	49,019.
12	Advertising and promotion	234,136.		64,671.	2,689.
13	Office expenses	486,880.		27,670.	3,144.
14	Information technology	1,132,921.	833,907.	285,980.	13,034.
15	Royalties	F06 70F	373,062.	153,733.	
16	Occupancy	526,795. 790,763.		96,676.	13,395.
17	Travel	790,703.	680,692.	90,070.	13,393.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	697,085.	657,185.		39,900.
19	Conferences, conventions, and meetings	031,003.	057,105.	+	33,300.
20	Interest				
21	Payments to affiliates	34,245.	31,626.	2,619.	
22	Depreciation, depletion, and amortization	17,391.	1,889.	15,502.	
23	Insurance Other expenses, Itemize expenses not covered	11,391.	1,009.	13,304.	
24	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 0.)  EQUIP., RENTAL & MAINT.	311,846.	270,215.	41,335.	296.
a b	EXHIBITS AND KIOSKS	237,505.	222,506.	±1,333•	14,999.
С	VESSEL OPERATIONS	176,139.	176,139.		<u> </u>
d	MISCELLANEOUS EXPENSES	158,778.	70,555.	82,820.	5,403.
-	All other expenses	237,156.	183,510.	28,493.	25,153.
25	Total functional expenses. Add lines 1 through 24e	22,721,562.	19,253,750.	2,939,988.	527,824.
26	Joint costs. Complete this line only if the organization	,,	,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22.,021.
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

#### Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,295,537. 1,014,764. 1 Cash - non-interest-bearing 1,110,414. 4,660,782. 2 Savings and temporary cash investments 1,223,435. 515,689. Pledges and grants receivable, net 3 3 245,347. 208,220. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 138,038. 264,554. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 305,414. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 285,354. 54,304. 20,060. b Less: accumulated depreciation 10b 10c 885,577. 3,799,259. Investments - publicly traded securities 11 11 78,351. 78,351. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 2,364,202. 1,927,943. Other assets. See Part IV, line 11 15 15 10,308,887. 9,575,940. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 1,856,357. 1,820,805. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 37,800. 64,791. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,574,115. 2,304,111. of Schedule D 4,468,272. 4,189,707. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,391,006. 27 2,531,767. 27 Net assets with donor restrictions 3,449,609. 2,854,466. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 5,840,615. 5,386,233. Total net assets or fund balances 32 32 10,308,887. 9,575,940. 33 Total liabilities and net assets/fund balances

	1 990 (2023) NATIONAL MARINE SANCTUARY FOUNDATION	94-	3370994	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,62		
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,72		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,09		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,84		
5	Net unrealized gains (losses) on investments	5	63	9,1	01.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1			
	column (B))	10	5,38	6,2	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			v	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	<del>                                     </del>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audi	T	v	

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

#### NATIONAL MARINE SANCTUARY FOUNDATION 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9643488.	9348867.	11737356.	15356781.	21592928.	67679420.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9643488.	9348867.	11737356.	15356781.	21592928.	67679420.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						67679420.
	ction B. Total Support				'	'	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	9643488.		11737356.	15356781.	21592928.	67679420.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	126,872.	58,642.	126,746.	504,625.	125,455.	942,340.
9	Net income from unrelated business	,	,	,	<i>'</i>	, , , , , , , , , , , , , , , , , , ,	<i>'</i>
	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.)	3,207.	12,702.	9,733.	22,080.	1,552.	49,274.
11	<b>Total support.</b> Add lines 7 through 10		,		,	,	68671034.
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	817,050.
	First 5 years. If the Form 990 is for the	•	,			i01(c)(3)	<u> </u>
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	98.56 %
	Public support percentage from 2022					15	98.14 %
	33 1/3% support test - 2023. If the o					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	•					•
	meets the facts-and-circumstances te			-		g	
b	10% -facts-and-circumstances test	•					
	more, and if the organization meets the	•				•	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						s
	<u> </u>		,	. ,			(Form 990) 2023

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### 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.)

Sec	ction A. Public Support	clow, picase comp	olete i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4) 2010	(5) 2020	(0) 2021	(G) ZOZZ	(6) 2020	(i) rotal
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3) organization	on,
	check this box and stop here		-				
	ction C. Computation of Publi					T 1	
	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					T 1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization	n did not check a	hox on line 14 19	a or 19h check th	his hox and see in	structions	1 1

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Schedule A (Form 990) 2023

## 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
1			
_			
2			
3a			
3b			
0.0			
3с			
4a			
4b			
4c			
5a			
- Ou			
5b			
5с			
6			
-			
7			
8			
9a			
9b			
9с			
10a	1		
401			
10b	)		

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Par	t IV	Supporting Organizations (continued)			-g
		1. Commission		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	•	elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	112		
_		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		apported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	,	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	oggus	orted organizations played in this regard.	3		
Sec	tion E	. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trueta	es of each of the supported organizations? If "Voc" or "No" provide details in Part VI	3a		1

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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." describe in **Part VI** the role played by the organization in this regard.

Sche	dule A (Form 990) 2023 NATIONAL MARINE SANCTUA	ARY FO	UNDATION	94-3370994 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
4	Adjusted not income for prior year (from Section A. line 9. column A)	4		

2

3

4 5

Schedule A (Form 990) 2023

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

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# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

NATIONAL MARINE SANCTUARY FOUNDATION

**Employer identification number** 

94 - 3370994

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "	aution: 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 name "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 lat it doesn't meet the filing requirements of Schedule B (Form 990).						

Schedule B (Form 990) (2023)

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
1		\$ <u>15,858,463.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,451,973.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- Hume, dudices, and Emily	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		    \$	
323/53 12-26	00		Schedule B (Form 990) (2023)

Name of organization Employer identification number

ATION	NAL MARINE SANCTUARY FOT Exclusively religious, charitable, etc., contribution		action 501	(c)(7) (8) or (10) tha	94-3370994
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the following line encharitable, etc., contributions of \$1,000 or	trv. For ord	ganizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
		(e) Transfer of gi			
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tran	sferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
(e) Trans  Transferee's name, address, and ZIP + 4		(e) Transfer of gi		elationship of trans	sferor to transferee
) No. rom eart I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
		(e) Transfer of gi	ift		
	Transferee's name, address, and ZIP + 4		Re	elationship of trans	sferor to transferee
n) No. From Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-		(e) Transfer of gi	ift		
	Transferee's name, address, a			elationship of tran	sferor to transferee

# SCHEDULE C

(Form 990)

## **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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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 org	ganization	ions. Complete Fait III.		l E	Employer identification number
`	NATIONAL MARINE SANCTUARY FOUNDATION				94-3370994
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527	organization.
2 Politica	e a description of the organiz al campaign activity expendit eer hours for political campai	. \$			
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3	3).	
1 Enter t	he amount of any excise tax	incurred by the organization und	der section 4955	•	\$
2 Enter t	he amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3 If the c	organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a	correction made?				Yes No
<b>b</b> If "Yes	," describe in Part IV.				
		anization is exempt und			
		by the filing organization for se			\$
		ization's funds contributed to ot	-		
					. \$
	·	. Add lines 1 and 2. Enter here a	·		•
		4400 DOL 6 H 1			
		<b>1120-POL</b> for this year?			
		tion listed, enter the amount pai		-	
		omptly and directly delivered to			·
	· · · · · · · · · · · · · · · · · · ·	additional space is needed, prov		•	3 3
	(a) Name	(b) Address	(c) EIN	(d) Amount paid free filing organization funds. If none, enter	's contributions received and

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

Schedule C (Form 990) 2023

Sch	edule C (Form 990) 2023	NATIONAL 1	MARINE SANCTU	ARY FOUNDATI	ON 94-3	370994 Page 2
Pa	cart II-A Complete if the org section 501(h)).	janization is ex	kempt under section	n 501(c)(3) and file	d Form 5768 (ele	ction under
A		ation belongs to an	affiliated group (and list in	n Part IV each affiliated	group member's name	e. address. FIN.
	expenses, and sha	· ·	•	a.t.r. cao aa.ca	g. ca.p	s, aaa. 555, <u>-</u> ,
В		,	A and "limited control" pro	ovisions apply.		
	Limi	its on Lobbying E			(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	a Total lobbying expenditures to infl	uence public opinio	on (grassroots lobbying)			
b	Total lobbying expenditures to infl	uence a legislative	body (direct lobbying)			
c	Total lobbying expenditures (add l	ines 1a and 1b)				
c	d Other exempt purpose expenditure	es				
е	e Total exempt purpose expenditure	es (add lines 1c and	d 1d)			
f	f Lobbying nontaxable amount. Ent					
	If the amount on line 1e, column (a)	or (b) is: The	lobbying nontaxable am	ount is:		
	not over \$500,000,	20%	of the amount on line 1e			
	over \$500,000 but not over \$1,000	0,000, \$10	0,000 plus 15% of the exc	ess over \$500,000.		
	over \$1,000,000 but not over \$1,5	00,000, \$17	5,000 plus 10% of the exc	ess over \$1,000,000.		
	over \$1,500,000 but not over \$17,	000,000, \$22	5,000 plus 5% of the exce	ss over \$1,500,000.		
	over \$17,000,000, \$1,000,000.					
	g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h	h Subtract line 1g from line 1a. If zer	o or less, enter -0-				
i	i Subtract line 1f from line 1c. If zero	o or less, enter -0-				
j	j If there is an amount other than ze	ero on either line 1h	or line 1i, did the organiz	ation file Form 4720		
	reporting section 4911 tax for this	year?				Yes No
	(Some organizations t	hat made a sectio See the se	Averaging Period Under in 501(h) election do not parate instructions for li	have to complete all c nes 2a through 2f.)	of the five columns be	elow.
		Lobbying Ex	cpenditures During 4-Ye	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) Total
<b>2</b> a	a Lobbying nontaxable amount					
b	b Lobbying ceiling amount (150% of line 2a, column(e))					
c	c Total lobbying expenditures					
c	d Grassroots nontaxable amount					
	a Grassroots coiling amount					

Schedule C (Form 990) 2023

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023 NATIONAL MARINE SANCTUARY FOUNDATION 94-33709

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	(6	a)	(b)	
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		77		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?	Х	37		
e Publications, or published or broadcast statements?		X X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	37	^	3	,158.
i Other activities?				,158.
j Total. Add lines 1c through 1i		Х	J	, 130 •
<ul><li>2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?</li><li>b If "Yes," enter the amount of any tax incurred under section 4912</li></ul>		Λ		
c If "Yes," enter the amount of any tax incurred under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)(	5), or sec	tion	
501(c)(6).		,,		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from				
Part III-B Complete if the organization is exempt under section 501(c)(4), sec	ction 501(c)(	5), or sec	tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer	ed "No" OR	(b) Part I	II-A, line	3, is
answered "Yes."				
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p	olitical			
expenses for which the section 527(f) tax was paid).				
a Current year				
<b>b</b> Carryover from last year		2b		
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	excess	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying ar	excess	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying ar expenditures next year?	excess	4		
<ul> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are expenditures next year?</li> <li>Taxable amount of lobbying and political expenditures. See instructions</li> </ul>	excess			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are expenditures next year?     Taxable amount of lobbying and political expenditures. See instructions    Part IV   Supplemental Information	excess and political	4		
<ul> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are expenditures next year?</li> <li>Taxable amount of lobbying and political expenditures. See instructions</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)</li> </ul>	excess and political	4	nd 2 (see	
<ul> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are expenditures next year?</li> <li>Taxable amount of lobbying and political expenditures. See instructions</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grinstructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> </ul>	excess and political	4	nd 2 (see	
<ul> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are expenditures next year?</li> <li>Taxable amount of lobbying and political expenditures. See instructions</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grinstructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> </ul>	excess and political	4	nd 2 (see	
<ul> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are expenditures next year?</li> <li>Taxable amount of lobbying and political expenditures. See instructions</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grantstructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> <li>PART II-B, LINE 1, LOBBYING ACTIVITIES:</li> </ul>	excess and political coup list); Part II-	4 5		
<ul> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are expenditures next year?</li> <li>Taxable amount of lobbying and political expenditures. See instructions</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grinstructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> </ul>	excess and political coup list); Part II-	4 5		
<ul> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are expenditures next year?</li> <li>Taxable amount of lobbying and political expenditures. See instructions</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grinstructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> <li>PART II-B, LINE 1, LOBBYING ACTIVITIES:</li> <li>THE FOUNDATION'S LOBBYING ACTIVITIES SUPPORT ONLINE</li> </ul>	excess and political coup list); Part II-	4 5 A, lines 1 a		
<ul> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are expenditures next year?</li> <li>Taxable amount of lobbying and political expenditures. See instructions</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grantstructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> <li>PART II-B, LINE 1, LOBBYING ACTIVITIES:</li> </ul>	excess and political coup list); Part II-	4 5 A, lines 1 a		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions 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 grinstructions); 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 TOOLS THAT SEND LETTERS DIRECTLY TO LEGISLATORS AND	excess and political coup list); Part II- MAILING OTHER EI	A, lines 1 a	ACY	
<ul> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are expenditures next year?</li> <li>Taxable amount of lobbying and political expenditures. See instructions</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grinstructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> <li>PART II-B, LINE 1, LOBBYING ACTIVITIES:</li> <li>THE FOUNDATION'S LOBBYING ACTIVITIES SUPPORT ONLINE</li> </ul>	excess and political coup list); Part II- MAILING OTHER EI	A, lines 1 a	ACY	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions 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 grinstructions); 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 TOOLS THAT SEND LETTERS DIRECTLY TO LEGISLATORS AND OFFICIALS, HOSTING ONLINE HILL FLY-IN MEETINGS AND I	excess and political roup list); Part II- MAILING OTHER EI	4 5 5 A, lines 1 a ADVOC. JECTED DAY E	ACY VENTS	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions 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 grinstructions); 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 TOOLS THAT SEND LETTERS DIRECTLY TO LEGISLATORS AND	excess and political roup list); Part II- MAILING OTHER EI	4 5 5 A, lines 1 a ADVOC. JECTED DAY E	ACY VENTS	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions 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 grinstructions); 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 TOOLS THAT SEND LETTERS DIRECTLY TO LEGISLATORS AND OFFICIALS, HOSTING ONLINE HILL FLY-IN MEETINGS AND I	excess and political coup list); Part II- MAILING OTHER EI DISTRICT COMMUNI	A, lines 1 a  ADVOC.  DAY E  TTY LE.	ACY VENTS ADERS	

Schedule C (Form 990) 2023

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

**Employer identification number** 94 - 3370994

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) i unus and other accounts
1 2	Total number at end of 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 advis	sed funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recrea	ition or education) 🔲 Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		I I
	, , , , , , , , , , , , , , , , , , , ,		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
J	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	3, 1 3,	3	3
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
Da	organization's accounting for conservation easements.	Ant Historical Transcript	Harr Oireilan Assats
Pai	t III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pub	, ,	•
	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance of public service,
	provide the following amounts relating to these items.		Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	asuras or other similar assets for financia	
~	the following amounts required to be reported under FASB A		a gairi, provide
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

332051 09-28-23

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

94-337	0994	Page 2
lar Assets	(continue	ed)

Pai	rt III	Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	er Si	milar <i>F</i>	Assets	(contin	iued)	
3	Using	g the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	signif	icant use	e of its			
	collec	ction items (check all that apply).									
а		Public exhibition	d	Loan or excl	nange program						
b		Scholarly research	е	Other							
С		Preservation for future generations									
4	Provi	de a description of the organization's co	llections and explair	how they further th	e organization's exe	empt	purpose	in Part )	XIII.		
5	Durin	g the year, did the organization solicit or	r receive donations of	of art, historical treas	ures, or other simila	ar ass	ets		_		
		sold to raise funds rather than to be ma							Yes		No
Pai	rt IV			te if the organization	answered "Yes" or	n Forn	n 990, P	art IV, lir	ne 9, or		
		reported an amount on Form 990, Par	t X, line 21.								
1a		e organization an agent, trustee, custodia		•					_	_	_
	on Fo	orm 990, Part X?						L	Yes		No
b	If "Ye	es," explain the arrangement in Part XIII a	and complete the fol	lowing table:		r					
									Amount	í.	
С	-	nning balance				- 1	1c				
d		ions during the year					1d				
е		butions during the year					1e				
f		ng balance					1f		1		٦
		ne organization include an amount on Fo	·	·		oility?		L	Yes	F	∐ No
Par		es," explain the arrangement in Part XIII.  Endowment Funds Complete if									
ı aı	LV	Complete if	(a) Current year	(b) Prior year	(c) Two years back		Three yea	re back	(e) Four	Veare	hack
4.	Danin		4,103,404.	5,206,644.	4,934,320.	+` ′		5,353.	` '		,537.
1a	_	nning of year balance	4,103,404.	10,042.	10,466.	_		0,027.	- 4,		,488.
b		ributions	636,685.	-887,621.	391,136.	+		0,678.			,195.
4		nvestment earnings, gains, and losses	030,003.	007,021.	331,130.	+		3,070.		300,	, 155.
d e		ts or scholarships r expenditures for facilities				+					
C		·		225,661.	117,083.		261	1,275.		434	,484.
f	-	nistrative expenses			12,195.	+		1,463.	70,383.		
g		of year balance	4,740,089.	4,103,404.	5,206,644.	+		1,320.			
2		de the estimated percentage of the curr	, ,					,	•		
a		d designated or quasi-endowment	100	%	,						
b		anent endowment . 0000	%	<b>—</b> / -							
С		endowment • 0000	<u></u> - %								
	The p	percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
За	Are th	nere endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the					
	organ	nization by:							ſ	Yes	No
	(i) U	Inrelated organizations?							3a(i)		X
									3a(ii)		X
b	If "Ye	es" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b		
4		ribe in Part XIII the intended uses of the		wment funds.							
Par	rt VI	Land, Buildings, and Equipm									
		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part >	(, line	10.				
		Description of property	(a) Cost or o basis (investn	` '			mulated ciation		(d) Bool	< valu	ie
1a	Land										
		ings									
		ehold improvements			2,455.		8,01				38.
		oment		28	2,959.	27	7,33	7.	Ţ	5,6	22.
е	Other	r									
Tota	I. Add	lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, line 10c, column	(B))				2	ე,0	60.
								chedule	D (Form	990	2023

Schedule D (Form 990) 2023 NATIONAL MAP Part VII Investments - Other Securities	RINE SANCTUAR		-3370994 Page 3
Complete if the organization answered "Yes" of	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	d-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)		-	
(4)		-	
(5)			
(6)			
(7)			
(8)		-	
(9) Tatal (Col. (b) must squal Form 000, Port V. line 12, sol. (P))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	114. 200 1 3111 300, 1 4117, 1110 10.	(b) Book value
(1) DEPOSITS			23,793.
(2) RIGHT-OF-USE ASSETS			1,904,150.
(3)			2,302,2300
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		1,927,943.
Part X Other Liabilities			
Complete if the organization answered "Yes" of	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 LIABILITIE	S		2,064,115.
(3) REFUNDABLE ADVANCES			97,990.
(4) AMOUNTS HELD FOR OTHERS			142,006.
(5)			

2,304,111. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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

Schedule D (Form 990) 2023

(6) (7) (8)

Schedule D	(Form 990) 2023	NATIONAL	MARINE	SANCTUARY	FOUNDATION	94-	3370	994	Page '
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re				eturn					
	Complete if the organi	ization answered "	Yes" on Form	990, Part IV, line 12	a.				
4 Total	ravianua gaina and ath	ar allenart nar alle	ditad financial	statamenta	·	4	22	58/	692

1	Total revenue, gains, and other support per audited financial statements			1	22,584,692.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	639,101.		
b	Donated services and use of facilities	2b	8,616.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	351,218.		
е	Add lines 2a through 2d			2e	998,935.
3	Subtract line 2e from line 1			3	21,585,757.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,322.		

**b** Other (Describe in Part XIII.) c Add lines 4a and 4b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.

42,322. 21,628,079 5

> 359,834. 22,679,240.

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. 23,039,074. Total expenses and losses per audited financial statements

2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	8,616.	
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	351,218.	
е	Add lines 2a through 2d			<b>2</b> e
3	Subtract line 2e from line 1			3
			The state of the s	

Amounts included on Form 990, Part IX, line 25, but not on line 1: 42,322 a Investment expenses not included on Form 990, Part VIII, line 7b

**b** Other (Describe in Part XIII.)

42,322 c Add lines 4a and 4b 22,721,562 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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 XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD INCLUDED AS AN EXPENSE ON THE

24,328.

FINANCIAL STATEMENTS AND NETTED AGAINST SALES REVENUE ON

PART VIII, LINE 10B.

INCLUDED AS EXPENSE ON THE FINANCIAL 326,890. SPECIAL EVENT EXPENSE

STATEMENTS AND NETTED AGAINST REVENUE ON PART VIII, LINE 8B

351,218. TOTAL TO SCHEDULE D, PART XI, LINE 2D

Schedule D (Form 990) 2023

#### SCHEDULE F (Form 990)

Department of the Treasury

### 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.

**Open to Public** 

OMB No. 1545-0047

Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** NATIONAL MARINE SANCTUARY FOUNDATION 94-3370994 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? 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.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region SEE PART V FOR FULL EAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES ACTIVITIES DESCRIPTION 110,306. CENTRAL AMERICA AND SEE PART V FOR FULL THE CARIBBEAN 0 9 PROGRAM SERVICES ACTIVITIES DESCRIPTION 237,399. SEE PART V FOR FULL 0 DESCRIPTION SOUTH AMERICA 1 PROGRAM SERVICES ACTIVITIES 34,907. PROGRAM SERVICES 0 ACTIVITIES SUB-SAHARAN AFRICA 0 PROGRAM SERVICES ACTIVITIES 2,953. 0 15 385,565. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I ..... c Totals (add lines 3a

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

0

15

Schedule F (Form 990) 2023

385,565.

and 3b)

(f) Manner of

of cash grant cash disbursement

(e) Amount

(g) Amount of

noncash

assistance

(c) Region

(a) Name of organization

(b) IRS code section

and EIN (if applicable)

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

(d) Purpose of

grant

	, , ,		_	·		assistance	
2 Enter total number of r	recipient organization	ns listed above that are r	ecognized as charities by the f	oreign country, r	ecognized as a tax		

<sup>3</sup> Enter total number of other organizations or entities

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	( <b>g</b> ) non

# Schedule F (Form 990) 2023 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 the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

#### Schedule F (Form 990) 2023 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: SUPPORT INTERNATIONAL CAPACITY BUILDING FOR SUSTAINABLE MANAGEMENT OF BLUE CARBON HABITATS AND INCLUSION IN NATIONAL GREENHOUSE GAS ACCOUNTING. DEVELOPING CURRICULUM AND FACILITATING WORKSHOPS WILL ENHANCE THE CAPACITY OF SELECTED COUNTRIES TO SUSTAINABLY MANAGE VALUABLE COASTAL HABITATS FOR CARBON STORAGE AND OTHER BENEFITS. PROJECTS IN THIS REGION ALSO PROMOTE FISHERIES GOVERNANCE AND ENFORCEMENT FOR FOOD SECURITY AND BIODIVERSITY IN THE SOUTHEAST ASIA PACIFIC REGION, AND ON STRENGTHENING CAPACITY OF COASTAL MANAGERS IN THE REGION TOWARDS COASTAL COMMUNITY AND ECONOMIC RESILIENCE. STRENGTHENING THE CAPACITY OF REGIONAL AND NATIONAL INSTITUTIONS, ENABLES PARTNERS AND FISHERIES SOURCE NATIONS TO BETTER DETECT AND INTERDICT IUU FISH PRODUCTS BEFORE IT ENTERS GLOBAL COMMERCE. MORE BROADLY, THESE EFFORTS HELP TO REDUCE THE LEVEL OF IUU FISH PRODUCTS BEING LANDED AND EXPORTED FROM NATIONS AROUND THE WORLD, SUPPORTING SUSTAINABLE FISHERIES MANAGEMENT AND LEVELING THE PLAYING FIELD FOR LEGITIMATE FISHERS. BY INCREASING AWARENESS AND COMPETENCIES OF GLOBAL LAW ENFORCEMENT PARTNERS TO COMBAT IUU FISHING, THE USG SEEKS TO PREVENT ILLEGAL FISHING AND RELATED UNLAWFUL ACTIVITIES AT THE SOURCE.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

# NATIONAL MARINE SANCTUARY FOUNDATION 94-3370994 Schedule F (Form 990) 2023 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. DOMINICAN REPUBLIC, EL SALVADOR). REGION: SOUTH AMERICA (E) SPECIFIC TYPES OF SERVICES IN REGION: BUILDING SYNERGIES BETWEEN CMAR AND USAID SOUTH AMERICA REGIONAL MISSION PARTNER PROJECTS IN THE REGION IN SUPPORT OF CMAR ACTIVITIES, WITH A WORKSHOP IN PERU DESIGNED TO COLLECTIVELY IDENTIFY GAPS AND CHALLENGES AND FORMULATE SOLUTIONS ACROSS KEY TECHNICAL AREAS SUCH FISHERIES MANAGEMENT, MARINE PROTECTED AREAS, AND TOURISM, AND BUILD AND ESTABLISH A METHODOLOGY FOR COLLABORATION AND CONTINUOUS COMMUNICATION IN THE DEVELOPMENT OF JOINT ACTIVITIES. REGION: AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT FOR BLUE CARBON FIELD DATA COLLECTION 101 TRAINING AND BLUE CARBON 101 FOR MARINE AND COASTAL MANAGERS IN GHANA, PART OF THE BLUE CARBON INVENTORY PROJECT, WHICH ENHANCES THE CAPACITY OF PARTNERS AND GOVERNMENTS TO INTEGRATE COASTAL WETLAND DATA IN NATIONAL GREENHOUSE GAS INVENTORIES.

Schedule F (Form 990) 2023

## SCHEDULE G (Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							ntification number
	L MARINE SANCTUARY					94-3370	
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answet.</li> </ul>	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicitar f X Solicitar g X Special  or oral agreement with any individual or oral agreement with any individual or	tion of tion of fundra (includ	non-g gover aising ling of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
GREY DOG GROUP - 151 STERLING		Yes	No				
MANOR DRIVE #3110,	GRANT WRITING SUPPORT		Х	213,114.		12,200.	200,914.
BLUE STATE - 7900 XERXES  AVENUE, SOUTH, SUITE 980,	EOY CAMPAIGN		х	2,775.		21,324.	-18,549.
Total  3 List all states in which the organization or licensing.  AL, AR, CA, FL, GA, HI, IL, WI, NJ, NM		contrib	utions				
MT ' 1MO ' 1MM							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

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-F7 lines 1 and 6b. List events with gross receipts greater than \$5.00

		of fundraising event contributions and gro	ss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			OCEAN AWARDS	SEA STARS	NONE	` '
			GALA	BRUNCH		(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne				, ,,,	,	
Revenue	4	Gross receipts	395,219.	166,600.		561,819.
Re	'	Gross receipts	33372231	200,000		301/0131
	_	Loggi Contributions	337,019.	142,700.		479,719.
		Less: Contributions	337,013.	142,700.		<del>1</del> /2,/1/
	2	Gross income (line 1 minus line 2)	58,200.	23,900.		82,100.
	3	Gross income (line 1 minus line 2)	30,200.	23,300.		02,100.
	4	Cash prizes				
	4	Cash prizes				
	_	Nanagah nyizaa		680.		680.
S		Noncash prizes		000.		000.
Jse	_	Pont/facility costs	6,000.			6,000.
Direct Expenses	ь	Rent/facility costs	0,000.			0,000.
Ę	_	Food and houseware	187,758.	24,120.		211,878.
rec	′	Food and beverages	101,130.	24,120.		211,070.
		Estadalarent		400		400.
		Entertainment	98,579.	400. 9,353.		107,932.
		Other direct expenses				326,890.
		,				-244,790.
Da	rt I	Net income summary. Subtract line 10 from line III Gaming. Complete if the organization a		.000 Dart IV line 10 and		-244,790.
Г	11 ( 1		answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(a) Tatal manaina (andal
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		(c)
Вè						
	1	Gross revenue				
		Cook prime				
ses	2	Cash prizes				
ens		Namanala asimaa				
Expenses	3	Noncash prizes				
Ċ.		Dont/facility acets				
Direct	4	Rent/facility costs				
	_	Other direct expenses				
	5	Other direct expenses	Vac 01	Voc 0/	Vac 01	
		Voluntoer labor	Yes %	Yes%	Yes %	
	6	Volunteer labor	No	No No	No	
	_	Direct consequences Add lines Others all	□			
	′	Direct expense summary. Add lines 2 through	o in column (a)			
		Not gaming income summer. Culturat the 7	from line 1 and the control (ch			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
•	C~-1	tor the state(s) in which the arrestimation sand	oto gamina activities			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	IT "	No," explain:				
	_					
40	147	are any of the avaccination in a contract in the	volcod overended evil	regio at a di silica e attra a a	100 m <sup>2</sup>	Vac N
		ere any of the organization's gaming licenses re				Yes No
b	IT "	Yes," explain:				
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 NATIONAL MARINE SANCTUARY FOUNDATION 94-3	370994	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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 No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
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 \$		
С	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:		
а	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		
Da	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	+ III . I' O . (	N- 401-
Га	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	T III, lines 9, 9	96, 106,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<b>:</b>	
/ T	\ NAME OF FINDDATCED. ODEY DOC CROID		
<u>(I</u>	) NAME OF FUNDRAISER: GREY DOG GROUP		
(I	) ADDRESS OF FUNDRAISER:		
	,		
<u>15</u>	1 STERLING MANOR DRIVE #3110, WILLIAMSBURG, VA 23185		
(I	) NAME OF FUNDRAISER: BLUE STATE		
<u>(I</u>	,		
79	00 XERXES AVENUE, SOUTH, SUITE 980, MINNEAPOLIS, MN 55431		

332083 09-13-23

Schedule G	G (Form 990)	NATIONAL	MARINE	SANCTUARY	FOUNDATION	94-3370994	Page 4
Part IV	G (Form 990)  Supplemental Inform	mation (continue	ad)				
		COntinue	<i>5u)</i>				
-							

#### SCHEDULE I (Form 990)

# 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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### NATIONAL MARINE SANCTUARY FOUNDATION

#### 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 criteria used to award the grants or assistance?
- 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 99 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 noncash assis
MOTE MARINE LABORATORY.						
1600 KEN THOMPSON PKWY						
SARASOTA, FL 34236	59-0756643	C CORP	949,202.	0.		
51111150111, 11 31230	33 0730013	0 00112	313,202.			
CORAL RESTORATION FOUNDATION						
89111 OVERSEAS HWY						
TAVERNIER, FL 33070	65-1054647	501(C)(3)	626,959.	0.		
REEF RENEWAL USA, INC.						
4002 W. STATE ST. SUITE 200						
TAMPA, FL 33609	83-4404613	C CORP	334,486.	0.		
TEMPLE UNIVERSITY						
3223 NORTH BROAD STREET; SUITE 232	02 1265051	501 ( 7 ) ( 2 )	200 560			
PHILADELPHIA, PA 19140	23-1365971	501(C)(3)	309,560.	0.		
GULF OF MAINE RESEARCH INSTITUTE						
350 COMMERICAL STREET						
PORTLAND, ME 04101	01-0504905	501(C)(3)	286,916.	0.		
FORTHAND, ME 04101	01-0304903	501(0)(3)	200,910.	0.		
AUDUBON NATURE INSTITUTE						
6500 MAGAZINE STREET						
NEW ORLEANS, LA 70118	51-0157624	501(C)(3)	275,000.	0.		

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA 332101 11-01-23

		NCTUARY FOU				
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt 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 non-cash assis
MICCICCIDE ACUADIM						
MISSISSIPPI AQUARIUM 2100 E. BEACH BLVD						
	81-4974774	E01/C)/3)	273 500	0.		
GULFPORT, MS 39501	01-43/4//-	501(0)(3)	273,500.	· ·		
LEHIGH UNIVERSITY						
ORSP 526 BRODHEAD AVENUE						
BETHLEHEM, PA 18015	24-0795445	501(C)(3)	245,661.	0.		
·						
JOHNSTON APPLIED MARINE SCIENCE						
PMB 280 PO BOX 10001						
SAIPAN, MP 96950	66-0948844	CORP	237,996.	0.		
WEST VIRGINIA UNIVERSITY						
FOUNDATION - ONE WATERFRONT PLACE,						
7TH FLOOR, PO BOX 1650 -						
MORGANTOWN, WV 26501	55-6017181	501(C)(3)	228,441.	0.		
GUAM CORAL REEF INITIATIVE						
DEPARTMENT OF AGRICULTURE, 163 DAIRY	1					
MANGILAO, GU 96913	98-0018947	501(C)(3)	226,358.	0.		
Washing and Phillips						
MOODY GARDENS						
ONE HOPE BLVD	76 0000131	504 (6) (2)	000 075			
GALVESTON, TX 77554	76-0288131	501(C)(3)	223,875.	0.		<u> </u>
UNIVERSITY OF GUAM MARINE						
LABORATORY - 303 UNIVERSITY DR.,						
UOG MARINE LABE, UOG STATION -			100.00			
MANGILAO, GUAM 96923	98-0032933	501(C)(3)	193,907.	0.		<u> </u>
COMMONWEALTH OF THE NORTHERN						
MARIANA ISLANDS DIVISION OF						
COASTAL RESOURCES MANAG - PO BOX						
501304 - SAIPAN, MP 96950	98-6019463	GOVT	190,580.	0.		ļ
COUNCIL FOR NATIVE HAWAIIAN						
ADVANCEMENT - 91-1270 KINOIKI						
STREET, BUILDING 1 - KAPOLEI, HI						
96707	91-0313383	501(C)(3)	169,576.	0.		

		NCTUARY FOU				
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pai	rt 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 non-cash assis
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, BOX 368 HONOLULU , HI 96822	99-6000354	501(C)(3)	165,900.	0.		
HI DEPARTMENT OF LAND AND NATURAL RESOURCES - 1151 PUNCHBOWL ST. RM 330 - HONOLULU , HI 96813	99-0266119	GOVT	161,314.	0.		
OREGON STATE UNIVERSITY 2030 SE MARINE SCIENCE DRIVE NEWPORT, OR 97365	61-1730890	501(C)(3)	159,992.	0.		
PHILLIP AND PATRICIA FROST MUSEUM OF SCIENCE - 1101 BISCAYNE BLVD - MIAMI, FL 33132	59-0854960	501(C)(3)	152,424.	0.		
UNIVERSITY OF LOUISIANA, LAFAYETTE PO BOX 43610 LAFAYETTE, LA 70504	72-6000820	501(C)(3)	151,453.	0.		
SECORE INTERNATIONAL 4673 NORTHWEST PARKWAY HILLIARD, OH 43026	47-5385160	501(C)(3)	136,362.	0.		
KEAUKAHA-PANA'EWA COMMUNITY ALLIANCE - PO BOX 6844 - HILO, HI 96720	46-1490067	501(C)(3)	135,000.	0.		
NATIONAL PARK TRUST 401 E JEFFERSON STREET SUITE 207 ROCKVILLE, MD 20850	52-1691924	501(C)(3)	103,400.	0.		
THE NATURE CONSERVANCY 801 GERVAIS ST., STE 202 COLUMBIA, SC 29201	53-0242652	501(C)(3)	100,000.	0.		

Schedule I (Form 990) NATIONAL I	MARINE SA	NCTUARY FOU	NDATION			
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)
(a) Name and address of organization or government	<b>(b)</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 non-cash assis
UNIVERSITY OF NORTH CAROLINA AT WILMINGTON - 601 S COLLEGE ROAD - WILMINGTON , NC 28403	56-6049935	501(C)(3)	90,085.	0.		
KAKO'O OIWI PO BOX 5307, 46-005 KAWA STREET UN KANEOHE, HI 96744	57-1236490	501(C)(3)	88,585.	0.		
THE REEF INSTITUTE 520 24TH STREET WEST PALM BEACH, FL 33407	81-3369434	501(C)(3)	60,360.	0.		
SEA RESEARCH FOUNDATION 55 COOGAN BOULEVARD MYSTIC, CT 06355	06-1480300	501(C)(3)	52,982.	0.		
WAIKIKI AQUARIUM 2777 KALAKAUA AVENUE HONOLULU , HI 96815	99-6000354		50,000.	0.		
SMITHSONIAN INSTITUTION P. O. BOX 37012, MRC 1205 WASHINGTON, DC 20213	53-0206027		44,302.	0.		
THE COLLEGE OF THE FLORIDA KEYS 5901 COLLEGE RD KEY WEST, FL 33040	59-1209205	501(C)(3)	34,285.	0.		
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN - 21 N PARK STREET; SUITE 6301 - MADISON, WI 53715	39-6006492	501(C)(3)	33,965.	0.		
THE OCEAN FOUNDATION (FISCAL SPONSOR FOR THE OCEAN PROJECT) - 1320 19TH STREET, NW, SUITE 500 - WASHINGTON, DC 20036	71-0863908		32,600.	0.		
WASHINGTON, DC 20030	71-0003900	P01(C/(3/	32,000.	0.		

		NCTUARY FOU				
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)
(a) Name and address of organization or government	<b>(b)</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 non-cash assis
GALVESTON BAY FOUNDATION 1725 HIGHWAY 146 KEMAH, TX 77565	76-0279876	501(C)(3)	25,799.	0.		
HORIZON SCIENCE ACADEMY COLUMBUS HIGH SCHOOL - 1070 MORSE ROAD - COLUMBUS, OH 43229	31-1657839		25,000.	0.		
SEAFOOD NUTRITION PARTNERSHIP 1001 19TH STREET N. SUITE 1200 ARLINGTON, VA 22209	90-0948097	501(C)(3)	25,000.	0.		
SONOMA COUNTY REGIONAL PARKS FOUNDATION - 2300 COUNTY CENTER DRIVE #120A - SANTA ROSA, CA 95403	68-0421813	501(C)(3)	22,500.	0.		
HASKELL FOUNDATION 155 INDIAN AVENUE #5019 LAWRENCE, KS 66046	48-0988099		21,480.	0.		
DUKE UNIVERSITY 2200 W. MAIN STREET STE 710 DURHAM, NC 27705	56-0532129	501(C)(3)	20,134.	0.		
WESTSIDE ATLANTA CHARTER SCHOOL 2250 PERRY BLVD ATLANTA, GA 30318	56-2470547	501(C)(3)	20,000.	0.		
CENTRO CRIOLLO DE CIENCIA Y TECNOLOGIA DEL CARIBE, INC - AVE GAUTIER BENITEZ 59 - CAGUAS, PR 00725	64-0539145	501(C)(3)	20,000.	0.		
REEF CHECK FOUNDATION 5760 LINDERO CANYON ROAD #1116 WESTLAKE VILLAGE, CA 91362	94-3225675		20,000.	0.		

Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)
(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 non-cash assis
66-0703415	501(C)(3)	20,000.	0.		
95-4858649	501(C)(3)	20,000.	0.		
45-1347194	501(C)(3)	20,000.	0.		
		19,855.	0.		
	501(C)(3)	19,844.	0.		
46-4326249	501(C)(3)	19,800.	0.		
58-6002069	501(C)(3)	19,766.	0.		
71-0988081	501(C)(3)	19,750.	0.		
		19,180.	0.		
	(b) EIN  66-0703415  95-4858649  45-1347194  38-1812272  46-4326249  58-6002069	(b) EIN (c) IRC section if applicable  66-0703415 501(C)(3)  95-4858649 501(C)(3)  45-1347194 501(C)(3)  38-1812272 501(C)(3)	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 20,000.  95-4858649 501(C)(3) 20,000.  45-1347194 501(C)(3) 20,000.  38-1812272 501(C)(3) 19,855.  501(C)(3) 19,844.  46-4326249 501(C)(3) 19,800.  58-6002069 501(C)(3) 19,766.	Assistance to Domestic Organizations and Domestic Governments (Scheric (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (e) Amount of cash grant (f) Amount of cash grant (f) Amount of noncash assistance (f) Amount of cash grant (f) Amount of noncash assistance (f) Amount of cash grant (f) Amount of noncash assistance (f) Amount of cash grant (f) A	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Pai (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)  66-0703415 501(c)(3) 20,000. 0.  95-4858649 501(c)(3) 20,000. 0.  45-1347194 501(c)(3) 20,000. 0.  38-1812272 501(c)(3) 19,855. 0.  501(c)(3) 19,844. 0.  501(c)(3) 19,800. 0.  71-0988081 501(c)(3) 19,750. 0.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(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 non-cash assis				
22 1576200	501/03/23	19 000							
22-15/6300	501(C)(3)	18,000.	υ.		<del> </del>				
02-0749188	501(C)(3)	17,998.	0.						
52-08054/1	501(C)(3)	10,010.	υ.		-				
91-2010658	501(C)(3)	10,000.	0.						
01-0412164	501(C)(3)	10,000.	0.						
86-1303144	501(C)(3)	7,500.	0.						
91-0759103	501(C)(3)	7,500.	0.						
59-0624458	501(C)(3)	7,500.	0.						
95-1642394	501(C)(3)	7,500.	0.						
-	(b) EIN  22-1576300  02-0749188  52-0805471  91-2010658  01-0412164  86-1303144  91-0759103	Assistance to Domestic Organizations (b) EIN (c) IRC section	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 22-1576300 501(C)(3) 18,000.  02-0749188 501(C)(3) 17,998.  52-0805471 501(C)(3) 10,010.  91-2010658 501(C)(3) 10,000.  01-0412164 501(C)(3) 10,000.  86-1303144 501(C)(3) 7,500.  91-0759103 501(C)(3) 7,500.	Assistance to Domestic Organizations and Domestic Governments (Schere (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (22–1576300 501(c)(3) 18,000. 0.  02–0749188 501(c)(3) 17,998. 0.  52–0805471 501(c)(3) 10,010. 0.  91–2010658 501(c)(3) 10,000. 0.  01–0412164 501(c)(3) 10,000. 0.  86–1303144 501(c)(3) 7,500. 0.	Assistance to Domestic Organizations and Domestic Governments         (Schedule I (Form 990), Part of cash grant)         (e) Amount of noncash assistance         (f) Method of valuation (book, FMV, appraisal, other)           22-1576300         501(C)(3)         18,000.         0.           52-0805471         501(C)(3)         10,000.         0.           91-2010658         501(C)(3)         10,000.         0.           86-1303144         501(C)(3)         10,000.         0.           91-0759103         501(C)(3)         7,500.         0.           59-0624458         501(C)(3)         7,500.         0.				

Schedule I (Form 990) NATIONAL  Part II Continuation of Grants and Other		NCTUARY FOUI		overnments (Sch	nedule I (Form 990) Pa	
(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) Descripti non-cash assis
UNIVERSITY OF MARYLAND EASTERN SHORE - 1103 CARVER HALL, 1 COLLEGE BACKBONE ROAD - PRINCESS ANNE, MD 21853	52-1667682	501(C)(3)	7,200.	0.		
PACIFIC COASTAL RESEARCH & PLANNING - PMB 140 PO BOX 10001 - SAIPAN, MP 96950	66-0880152	501(C)(3)	6,752.	0.		
THE MARINE MAMMAL CENTER 2000 BUNKER ROAD SAUSALITO, CA 94965	51-0144434	501(C)(3)	6,750.	0.		
PACIFIC WHALE FOUNDATION 300 MA'ALAEA ROAD WAILUKU, HI 96793	99-0207417	501(C)(3)	6,459.	0.		
			,			

Part III can be duplicated if additional space is needed.

Part III

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

(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)
	l .		J	

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

MATERIALS CONNECTED WITH THE ACTIVITIES FUNDED BY THE FOUNDATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: REEF RENEWAL USA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: MISSION ICONIC REEFS CORAL

RESTORATION CAPACITY BUILDING - CORAL BLEACHING EMERGENCY RESPONSE

NAME OF ORGANIZATION OR GOVERNMENT: LEHIGH UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: CONNECTIVITY OF MESOPHOTIC AND

DEEP-SEA CORAL POPULATIONS IN THE NORTHEASTERN GULF OF MEXICO

NAME OF ORGANIZATION OR GOVERNMENT: MOODY GARDENS

(H) PURPOSE OF GRANT OR ASSISTANCE: GULF MESOPHOTIC AND DEEP BENTHIC

COMMUNITIES TECHNICAL DIVING OPERATIONS AND COORDINATION

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF LOUISIANA, LAFAYETTE

(H) PURPOSE OF GRANT OR ASSISTANCE: BETTER LATE THAN NEVER: REVISITING

PAST DATA AND CREATING A CURRENT BASELINE FOR POST-DEEPWATER HORIZON

SPILL RESTORATION IN THE DEEP GULF OF MEXICO.

NAME OF ORGANIZATION OR GOVERNMENT: SECORE INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TOWARDS A US PACIFIC IMPLEMENTATION

NETWORK FOR CORAL LARVAL PROPAGATION FOR RESTORATION AND ENHANCEMENT

NAME OF ORGANIZATION OR GOVERNMENT: SEA RESEARCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY ECOLOGY IN SUPPORT OF

MANAGEMENT FOR STELLWAGEN BANK AND OCEAN EXPLORATION ADVENTURE

NATIONAL MARINE SANCTUARY

Schedule I (Form 990)

Schedule I (Form 990)

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

QUZ3
Open to Public

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Inspection
Employer identification number

OMB No. 1545-0047

## NATIONAL MARINE SANCTUARY FOUNDATION Part I | Questions Regarding Compensation

94-3370994

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

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, d Do not list any individuals that aren't listed on Form 990, Part VII.

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

	1	(B) Breakdown of W	V-2 and/or 1099-MISO compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		
(1) VERONICA ALI	(i)	159,719.	6,250.	0.	4,979.	1,284.	
	(ii)	0.	0.	0.	0.	0.	
	(i)	129,279.	5,000.	0.	4,331.	15,726.	
	(ii)	0.	0.	0.	0.	0.	
	(i)	97,346.	0.	42,692.	4,232.	6,697.	
	(ii)	0.	0.	0.	0.	0.	
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	(ii)		<u> </u>	<u> </u>	<u> </u>	4	丄
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	(ii)	ļ	<u></u> '			1	丄

332112 11-06-23

Schedule J (Form 990) 2023	NATIONAL MARINE SANCTUARY FOUNDATION
Part III Supplemental Informa	rtion
Provide the information, explanat	ion, 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 par
PART I, LINE 4A:	
DURING THE YEAR,	CAROL KING RECEIVED \$34,154 OF SEVERENCE PAY.
PART I, LINE 7:	
BONUSES WERE MERI	T BASED AND THE FOLLOWING EMPLOYEES RECEIVED BONUSES:
VERONICA ALI \$6,2	50
ALLISON ALEXANDER	\$5,000
SHANNON COLBERT \$	5,000
GINAIA KELLY \$10,	156
MATTHEW MCINTOSH	\$2,654
KRISTEN SARRI \$12	2,998

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

	NATIONAL MAR	INE SA	NCTUARY FO	DUNDATION	94-3	370994	
Pai	rt 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 de noncash contribu	etermining	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	1	11,294.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ( FOOD AND BEVERA )	X	18	15,822.	FMV		
26	Other ( OTHER )	X	9	9,020.	FMV		
27	Other ()						
28	Other ( )						
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement <b>29</b>			
						Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of						
	exempt purposes for the entire holding period	?				30a	X_
b	<b>b</b> If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			_
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2023

332142 09-11-23

### 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 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

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

AND PRESERVE AMERICA'S MARITIME RESOURCES.

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

ENGAGE SURROUNDING COMMUNITIES AND STAKEHOLDERS IN THE STEWARDSHIP OF

SANCTUARIES, 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.

IN 2023, THE NATIONAL MARINE SANCTUARY FOUNDATION IN CLOSE PARTNERSHIP
WITH NOAA FISHERIES, HOSTED THE SECOND ANNUAL TRAININGS FOR MEMBERS OF
THE LARGE WHALE ENTANGLEMENT RESPONSE NETWORK IN MONTEREY BAY AND
CHANNEL ISLANDS NMS. THESE TRAININGS ARE CRITICAL FOR PREPARING FOR THE
HIGH SEASON OF EMERGENCY RESCUES AND INCLUDE ON-THE-WATER VESSEL
OPERATIONS WHERE RESPONDERS ARE ABLE TO PRACTICE VALUABLE SKILLS WHILE
SIMULATING REAL-WORLD RESCUE SCENARIOS TO PRACTICE SAFETY AND REDUCE

RISK. THE FOUNDATION ALSO ACHIEVED SIGNIFICANT PROGRESS IN TESTING

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

Schedule O (Form 990) 2023

 Schedule O (Form 990) 2023
 Page 2

NATIONAL MARINE SANCTUARY FOUNDATION

FISHING GEAR INNOVATIONS IN PARTNERSHIP WITH CALIFORNIA FISHERMEN,

WHICH COULD OFFER SOLUTIONS TO REDUCE WHALE ENTANGLEMENT RISK WHILE

ALLOWING FISHING TO CONTINUE. THESE TRIALS ARE VITAL FOR ASSESSING THE

GEAR'S PERFORMANCE AND FEASIBILITY IN REAL-WORLD CONDITIONS AND FOR

OBTAINING FEEDBACK ON HOW TO IMPROVE AND REFINE THE GEAR TO MEET

SPECIFIC NEEDS. TO DATE, FISHERMEN HAVE CARRIED OUT OVER 400 TRIALS

WITH THREE DIFFERENT SYSTEMS, ACHIEVING A 98% RETRIEVAL SUCCESS RATE

(BASED ON PRELIMINARY ANALYSIS OF DATA).

MARINE DEBRIS REMOVAL FROM BOTH UNDERWATER AND SHORELINE HABITATS IS AN

EXPANDING PROGRAM FOR THE FOUNDATION. IN 2023, THE FOUNDATION AND ITS

PARTNERS REMOVED 92,591 POUNDS OF DEBRIS UNDER THE FOUNDATION'S TWO

COMMUNITY-BASED DEBRIS REMOVAL PROGRAMS: GOAL: CLEAN SEAS FLORIDA KEYS

AND CHANNEL ISLANDS MARINE DEBRIS REMOVAL PROGRAM IN THE FLORIDA KEYS

AND CHANNEL ISLANDS (AS OF DEC. 2023). IN THE CHANNEL ISLANDS, THE

FOUNDATION CONTINUES TO WORK WITH LOCAL COMMERCIAL LOBSTER FISHERS,

LOCAL NONPROFIT PARTNERS, TOURISM COMPANIES, UNIVERSITIES, AND THE

CHANNEL ISLANDS NATIONAL MARINE SANCTUARY AND NATIONAL PARK SERVICE

STAFF TO CONDUCT SHORELINE CLEANUPS ON THE REMOTE BEACHES OF THE

CHANNEL ISLANDS. ADDITIONALLY, THE FOUNDATION HAS EXPANDED ITS MARINE

DEBRIS PROGRAM THROUGH A MULTI-YEAR EFFORT, INITIATED IN 2023, TO

REMOVE HUNDREDS OF TONS OF LARGE DEBRIS WHICH INCLUDES ABANDONED OR

DERELICT VESSELS AND STRUCTURES, FROM FIVE NATIONAL MARINE SANCTUARIES.

THE NATIONAL MARINE SANCTUARY FOUNDATION IS SUPPORTING COMMUNITY

PARTNERS ON RESTORATION INITIATIVES ACROSS THE COUNTRY TO REVERSE THE

DEGRADATION AFFECTING MANY KEY HABITATS INCLUDING CORAL RESTORATION IN

FLORIDA, GUAM, THE COMMONWEALTH OF NORTHERN MARIANA ISLANDS, HAWAII AND

Schedule O (Form 990) 2023 Page 2

**Employer identification number** Name of the organization 94-3370994 NATIONAL MARINE SANCTUARY FOUNDATION THE U.S. VIRGIN ISLANDS, DEEPWATER AND MESOPHOTIC CORAL COMMUNITIES IN THE GULF OF MEXICO AND SUBMERGED AQUATIC VEGETATION ALONG THE WEST SEVEN GRANTS WERE AWARDED TO SUPPORT CAPACITY-BUILDING EFFORTS COAST. FOR CORAL RESTORATION IN THE US PACIFIC. IN THE GULF OF MEXICO, THE FOUNDATION'S ROV WAS UPGRADED TO INCREASE ITS DEPTH CAPACITY FOR FURTHER RESEARCH ON MESOPHOTIC AND DEEP BENTHIC CORAL (MDBC) REEFS, AND AQUARIUM AND MUSEUM PARTNERS WERE SELECTED FOR THE MDBC EXHIBITS. PROGRESS WAS MADE IN A PROJECT TO STRENGTHEN THE SCIENCE AND COLLABORATIVE DECISION-MAKING TOOLS AND APPROACHES THAT CONTRIBUTE TO THE CONSERVATION AND MANAGEMENT OF NEARSHORE HABITATS THAT SUPPORT FOUNDATIONAL SUBMERGED AQUATIC VEGETATION. IN THE FACE OF THE HOTTEST DAYS IN RECORDED HISTORY AND AN UNPRECEDENTED MARINE HEATWAVE THAT RESULTED IN CORAL BLEACHING EVENTS AND WIDESPREAD CORAL MORTALITY, THE FOUNDATION MOBILIZED AN EMERGENCY RESPONSE WITH NOAA AND CORAL RESTORATION PARTNERS TO SUPPORT A MULTI-FACETED APPROACH FOR CORAL RESCUE AND RECOVERY AT KEY REEF SITES AND CORAL NURSERES IN THE FLORIDA KEYS. EFFORTS CONTINUE TO RESCUE AT-RISK CORALS, RELOCATE THEM TO LAND-BASED FACILITIES OR TO DEEPER AND COOLER WATERS, AND PRESERVE ENDANGERED AND THREATENED CORALS GENETICS THAT CAN SEED FUTURE RESTORATION. THE FOUNDATION MOBILIZED FUNDERS AND COMMUNITY RESTORATION PARTNERS TO RESCUE AND RELOCATE MORE THAN 12,000

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

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

CORALS SINCE THE START OF THE MARINE HEATWAVE.

Schedule O (Form 990) 2023 Page 2

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

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 HELP 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 ACOUSTICS PROJECT WAS EXPANDED TO HAWAII IN 2023.

THE FOUNDATION SUPPORTS THE 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; MAINTAINS OCEANOGRAPHIC AND HYDROGRAPHIC SURVEY INSTRUMENTS, AND CONDUCTS TECHNICAL DATA PROCESSING OPERATIONS THIS DATA IS MADE AVAILABLE TO THE PUBLIC AND PARTNERS FOR QUERIES AND ANALYSIS. THE FOUNDATION BEGAN IDENTIFYING LOCAL MASSACHUSETTS FISHING CHARTERS, PROJECT MANAGERS, AND SIDE SCAN SONAR EQUIPMENT TO USE IN A UNIQUE PROJECT INTENDED TO MAP STELLWAGEN BANK NATIONAL MARINE SANCTUARY FOR DETERMINING POTENTIAL LOCATIONS OF HISTORIC SHIPWRECKS TO AVOID IN RENEWABLE ENERGY SITE DETERMINATION. 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

Schedule O (Form 990) 2023

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

IN HAWAIIAN ISLANDS HUMPBACK WHALE NATIONAL MARINE SANCTUARY, VOLUNTEERS TALLY HUMPBACK WHALE SIGHTINGS AND DOCUMENT THE ANIMALS' SURFACE BEHAVIOR DURING THE SURVEY. IN 2023, OVER THE THREE OCEAN COUNT AND PARTNER EVENTS, NEARLY 1,000 VOLUNTEER COMMUNITY SCIENTISTS COUNTED 2,705 WHALES ACROSS THE STATE OF HAWAII. DATA COLLECTED COMBINED WITH

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

OTHER RESEARCH EFFORTS CAN HELP REVEAL TRENDS IN HUMPBACK WHALE

AND STEWARDSHIP OF MARINE PROTECTED AREAS.

OCCURRENCE WITHIN AND AMONGST WHALE SEASONS.

THE FOUNDATION LED EFFORTS TO CREATE THE FIRST-EVER NATIONAL MARINE SANCTUARY DAY, A NATIONAL DAY OF CELEBRATION OF OUR PROTECTED WATERS IN THE OCEAN AND GREAT LAKES THAT HOLD AMERICA'S SHARED MARITIME AND ECOLOGICAL HERITAGE THAT IS HELD ANNUALLY ON OCTOBER 23. THE CAMPAIGN INCLUDED NATIONAL MEDIA OP-EDS, TRENDING ON SOCIAL MEDIA, TAKE-ACTION ALERTS, AND COMMUNITY VOICES UPLIFTING OUR NATIONAL MARINE SANCTUARY STORIES CENTERED ON THE PEOPLE WHO MAKE THEM SPECTACULAR.

THE NATIONAL MARINE SANCTUARY FOUNDATION PARTICIPATED IN THE BIDEN-HARRIS ADMINISTRATION'S INITIATIVE TO CREATE A NATIONAL OCEAN JUSTICE STRATEGY, LED BY THE WHITE HOUSE COUNCIL ON ENVIRONMENTAL QUALITY. AS A DELEGATE AND LEADING VOICE OF MARINE PROTECTED AREAS AND SANCTUARIES, OUR COMMENTS WERE INCORPORATED INTO THE FINAL STRATEGY ANNOUNCED IN DECEMBER 2023 AT COP28.

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

<u>Schedule O (Form 990) 2023</u> Page **2** 

**Employer identification number** Name of the organization 94-3370994 NATIONAL MARINE SANCTUARY FOUNDATION 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 SANCTUARY VISITOR CENTERS, ZOOS, AND AQUARIUMS ACROSS THE COUNTRY. AS PART OF REINVIGORATING SUSTAINABLE RECREATION INITIATIVES IN THE NATIONAL MARINE SANCTUARY SYSTEM, THE FOUNDATION INITIATED A PUBLIC-PRIVATE PARTNERSHIP TO SUPPORT FAMILY FISHING CLINICS, PILOTED IN THREE NATIONAL MARINE SANCTUARIES IN 2023, WITH 100 PARTICIPANTS, THE MAJORITY (68%) WHO HAD NEVER VISITED THEIR LOCAL NATIONAL MARINE SANCTUARY, BUT NEARLY ALL (98%) STATING THEY PLAN TO RETURN.

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,

INFORMED, SCIENCE-BASED DIALOGUE ON THE VALUE OF MARINE PROTECTED AREAS

LIKE NATIONAL MARINE SANCTUARIES. THE FOUNDATION ALSO SUPPORTS PROJECTS

<u>Schedule O (Form 990) 2023</u> Page **2** 

NATIONAL MARINE SANCTUARY FOUNDATION

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

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 ITS OCEAN ODYSSEY GRANTS 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 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 14 STATES AND 3 TERRITORIES SINCE INCEPTION, 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 SANCTUARIES, BY PROPOSING AND IMPLEMENTING A SCHOOL- OR

COMMUNITY-BASED CONSERVATION PROJECT ALONG FIVE DISTINCT PROJECT

COAST OF CALIFORNIA.

Schedule O (Form 990) 2023 Page **2** 

NATIONAL MARINE SANCTUARY FOUNDATION 94-3370994

PATHWAYS WITH MEASURABLE OUTCOMES THAT EXCEED 180 THOUSAND POUNDS OF

TRASH COLLECTED, 44,000 REUSABLE BAGS AND BOTTLES DISTRIBUTED, AND MORE

THAN 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. NEARLY 90,000

STUDENTS, MORE THAN HALF FROM TITLE I SCHOOLS, HAVE PARTICIPATED SINCE

THE INCEPTION OF THE PROGRAM, ALONG WITH APPROXIMATELY 3,600 EDUCATORS.

THE FOUNDATION ALSO CONDUCTS CAPITOL HILL OCEAN WEEK (CHOW) THE PREMIER

OCEAN-FOCUSED CONFERENCE IN THE U.S., OFFERED BOTH IN-PERSON AND

VIRTUAL IN 2023, 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 4D, OTHER PROGRAM SERVICES:

MISSION SUPPORT:

Name of the organization

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

**Employer identification number** 

Schedule O (Form 990) 2023 Page 2

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

94-3370994

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 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 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

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Schedule O (Form 990) 2023 Page 2

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

PROJECT IS TO ERADICATE INVASIVE MANGROVE SPECIES FROM THIS MARINE

PROTECTED AREA BY 2022, THE 100TH ANNIVERSARY OF THEIR INTRODUCTION TO

THE STATE, AND REPLACE THE INVASIVES WITH NATIVE PLANTS, WHICH IN TURN

HELPS BRING BACK NATIVE WILDLIFE TO THE RESERVE AS WELL. THE FOUNDATION

WORKS WITH THE KEY HAWAIIAN PARTNERS WHO MANAGE THE HE'EIA NERR ON THIS

PROJECT.

EXPENSES \$ 2,627,184. INCLUDING GRANTS OF \$ 53,596. 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

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.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

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 2023.

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

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

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization **Employer identification number** 94 - 3370994NATIONAL MARINE SANCTUARY FOUNDATION 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 IX, LINE 11G, OTHER FEES: SURVEY: PROGRAM SERVICE EXPENSES 322,808. MANAGEMENT AND GENERAL EXPENSES 27,479. 5,609. FUNDRAISING EXPENSES

355,896.

TOTAL EXPENSES

Schedule O (Form 990) 2023 Page 2

Schedule O (Form 990) 2023	Page 2
Name of the organization  NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
CONSTRUCTION DESIGN FEES:	
PROGRAM SERVICE EXPENSES	52,884.
MANAGEMENT AND GENERAL EXPENSES	4,502.
FUNDRAISING EXPENSES	919.
TOTAL EXPENSES	58,305.
TRANSLATION SERVICES:	
PROGRAM SERVICE EXPENSES	15,087.
MANAGEMENT AND GENERAL EXPENSES	1,284.
FUNDRAISING EXPENSES	262.
TOTAL EXPENSES	16,633.
RECRUITMENT:	
PROGRAM SERVICE EXPENSES	266,457.
MANAGEMENT AND GENERAL EXPENSES	22,682.
FUNDRAISING EXPENSES	4,630.
TOTAL EXPENSES	293,769.
OTHER CONSULTING FEE:	
PROGRAM SERVICE EXPENSES	2,675,519.
MANAGEMENT AND GENERAL EXPENSES	184,215.
FUNDRAISING EXPENSES	37,599.
TOTAL EXPENSES	2,897,333.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,621,936.
PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Schedule O (Form 990) 2023

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

Date Accepted \_\_\_\_\_

TAXABLE YEAR 2023

# California e-file Return Authorization for Exempt Organizations

FORM **8453-EO** 

			LXCI	npt Organiza	itions								
Exempt Or	ganizati	on name									Identif	ying number	
NATI	ONA	L MA	RINE	SANCTUARY FO	DUNDATION						94-	-3370994	
Part I	Ele	ctronic F	Return In	formation (whole dolla	rs only)								
<b>1</b> To	tal gro	ss receip	ots or unr	elated business taxable	income (Form 199, line	4 or For	m 109, l	ine 5)			1	23,911,1	26
<b>2</b> Tot	tal gro	oss incom	ne or total	l tax (Form 199, line 8 c	or Form 109, line 14)						2	2 ⊿⊥,954,9	/ U
<b>3</b> To	tal exi	oenses a	nd disbur	sements (Form 199, line	e 9)							23,048,4	52
<b>4</b> Tax	x due	(Form 10	9, line 23	)	,							4	
			,										
Part II	Set	tle Your	Account	Electronically for Tax	able Year 2023								
6	Dire	ect Depo:	sit of refu	nd (Form 109 only.)									
7			ınds with					thdrawal o					
Part III	Sch	edule of E	stimated <sup>-</sup>	Tax Payments for Taxable	Year 2024 (These are NO	T installm	ent paym	nents for the	e current	amount	the e	exempt organization owes.)	
				First Payment	Second Paymen	rt		Third Pay	yment			Fourth Payment	
8 Amo	ount												
		al Date											
Part IV	Baı	nking Inf	ormation	(Have you verified the	exempt organization's b	anking i	nformati	on?)					
<b>10</b> Rou	ıting n	umber											
<b>11</b> Acc	ount i	number				<b>12</b> T	ype of a	ccount:	Ch	ecking		Savings	
Part V	De	claration	of Office	er									
direct de	posit r	efund agre	es with th	e authorization stated on n	designated in Part II. If I ch ny return. If I check Part II, rom the bank account spec	box 7, I a	úthorizé a						7a
a balance organizat statemen delayed, Sign	e due r tion wi its be t	eturn, I un II remain l ransmitte	derstand t iable for th d to the FT	hat if the Franchise Tax Bo e tax liability and all applic B by the ERO, transmitter,	belief, the exempt organizat lard (FTB) does not receive lable interest and penalties, or intermediate service pro nediate service provider th	full and ti I authoriz vider. If t e reason	imely pay ze the exe the proce (s) for the	ment of the mpt organi ssing of the	exempt zation re e exemp he date	organiza turn and t organiz when the	acco acco ation refu	s tax liability, the exempt mpanying schedules and 's return or refund is nd was sent.	
Here		Signature of	of officer		Date	Title	.L. L.I.	בעדטם.	111	/L L.	LIAL	MCE	
Part VI	De	claration	of Electi	onic Return Originato	r (ERO) and Paid Prepa	arer.							
am only a accuratel provided 1345, 20 the exem I declare	an inte ly refle the or 23 Hai ipt org that I	rmediate s cts the dat ganization ndbook fo anization r have exam	service pro ta on the re officer wit r Authorize return is fil- nined the al	vider, I understand that I a eturn.) I have obtained the th a copy of all forms and the e-file Providers. I will ke ed, whichever is later, and pove exempt organization'	return and that the entries um not responsible for revie organization officer's signa information that I will file w tep form FTB 8453-EO on f I will make a copy available s return and accompanying all information of which I ha	ewing the ture on for ith the FT ile for four to the FT schedule	exempt o orm FTB & B, and I h r years fr TB upon r es and sta	rganization 3453-EO be nave followe om the due equest. If I	's return fore tran ed all oth date of am also	. I declar smitting er requir the retur the paid	e, hove this remen emen n or <b>f</b> prepa	wever, that form FTB 8453- eturn to the FTB. I have its described in FTB Pub. our years from the date arer, under penalties of per	EO jury,
	ERO's					Date		Check if		Check		ERO's PTIN	
<b>ERO</b>	signat	ture						also paid preparer	X	if self- employe	d [	□ ₽00288314	
Must		name (or yo	ours	GELMAN, ROS	ENBERG & FRE	EDMAI	N				Firm'	s FEIN 52-139200	8
Sign		-employed) ddress		4550 MONTGO: BETHESDA, M	MERY AVE SUI' D	TE 8	00N				ZIP c	code 20814 – 2930	
					above organization's return claration based on all inforn					tements,	and t	to the best of my knowledg	е
Paid		Paid preparer's					Date		Check if self-	_	_ [	Paid preparer's PTIN	
Prepa	rer	signature							employ	ed			
Must		Firm's nam if self-empl									Firm'	s FEIN	
Sign		and addres		<b>7</b>							ZIP c	code	
												ETD 0450 50 0	000

FTB 8453-EO 2023

#### STATE OF CALIFORNIA RRF-1

(Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

### ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

	Check if:		
NAMIONAL MARINE CANOMIARY EQUINDAMION		ange of address	
NATIONAL MARINE SANCTUARY FOUNDATION  Name of Organization		nended report ganization requests email notifications	
		gamaanon 19449999	
List all DBAs and names the organization uses or has used			
8455 COLESVILLE ROAD, NO. 1275 Address (Number and Street)	State Ch	arity Registration Number	
SILVER SPRING, MD 20910	Corporat	ion or Organization No.	
City or Town, State, and ZIP Code ALLISON@MARINESANCTUARY (301)608-3040 • ORG			
(301)608-3040 Telephone Number  ORG E-mail Address	Federal E	Employer ID No. 94-3370994	
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Departn			
Total Revenue Fee Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000 \$25 Between \$250,001 and \$1 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million	\$100 n \$200	Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million	\$800 \$1,000
Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million		Greater than \$500 million	\$1,000
PART A - ACTIVITIES			
For your most recent full accounting period (beginning $\frac{01/01/20}{}$	23_ end	ding <u>12/31/2023</u> ) list:	
Total Revenue (including noncash contributions) \$ 21 , 628 , 080 Noncash Contributions \$	36	5,136 Total Assets \$ 9,57	5,940
Program Expenses \$ 19,253,750	Total Exp	enses \$ 22,721,562	
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD O	OF THIS RE	EPORT	
Note: All questions must be answered. If you answer "yes" to any of the ques			
providing an explanation and details for each "yes" response. Please re			Yes No
<ol> <li>During this reporting period, were there any contracts, loans, leases or other fin and any officer, director or trustee thereof, either directly or with an entity in whany financial interest?</li> </ol>		ū	x
During this reporting period, was there any theft, embezzlement, diversion or n or funds?	nisuse of th	ne organization's charitable property	х
3. During this reporting period, were any organization funds used to pay any pena	alty, fine or	judgment?	х
4. During this reporting period, were the services of a commercial fundraiser, fund commercial coventurer used?	draising co	unsel for charitable purposes, or SEE STATEMENT 5	х
5. During this reporting period, did the organization receive any governmental fur	nding?	SEE STATEMENT 6	х
6. During this reporting period, did the organization hold a raffle for charitable pur	rposes?		х
7. Does the organization conduct a vehicle donation program?			х
8. Did the organization conduct an independent audit and prepare audited finance generally accepted accounting principles for this reporting period?	cial stateme	ents in accordance with	х
9. At the end of this reporting period, did the organization hold restricted net asse	ets, while re	eporting negative unrestricted net assets?	x
I declare under penalty of perjury that I have examined this report, including ac and belief, the content is true, correct and complete, and I am authorized to significant to the content is true, correct and complete and I am authorized to significant to the content is true.		ng documents, and to the best of my know	vledge
	7	VICE PRESIDENT OF	
VERONICA ALI Signature of Authorized Agent Printed Name		FINANCE itle Date	
3		Date	

CA RRF-1

# INFORMATION REGARDING COMMERCIAL FUNDRAISING SERVICES PART B, LINE 4

STATEMENT 5

GREY DOG GROUP \$12,200 151 STERLING MANOR DRIVE #3110 WILLIAMSBURG VA, 23185

BLUE STATE \$21,324 7900 XERXES AVENUE, SOUTH, SUITE 980 MINNEAPOLIS MN, 55431

CA RRF-1	INFORMATION		GOVERNMENTAL	FUNDING	STATEMENT 6
		PART B,	TIME 2		
U. S. DEPARTMENT	OF COMMERCE				
\$15,858,463					
NATIONAL FISH AN	D WILDLIFE FOU	NDATION			
\$2,451,973					
MONROE COUNTY TO	URIST DEVELOPM	ENT COUNC	[L		\$307,914
ENVIRONMENTAL PR	OTECTION AGENC	Y			
\$136,272					
STATE DEPARTMENT					
\$125,000					
FISH & WILDLIFE	•			FFAIRS	\$96,889
CALIFORNIA DEPAR					\$45,501
STATE OF CALIFOR	NIA NATURAL RE	SOURCES AC	GENCY		\$31,049

### Form **8868**

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 94-3370994 NATIONAL MARINE SANCTUARY FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 8455 COLESVILLE ROAD, 1275 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SILVER SPRING, MD 20910 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of  $\overline{VERONICA}$   $\overline{ALI}$ 8455 COLESVILLE ROAD, 1275 - SILVER SPRING, MD 20910 Telephone No. (301)608-3040Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box \_\_\_\_\_ and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or \_\_\_ , 20 \_\_\_\_ , and ending \_\_ 」 tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Form 8868 (Rev. 1-2024) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 323841 12-22-23

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

н г	OI LIN	e 2023 Calendar year, or tax year beginning	enung		
	heck if oplicabl	C Name of organization		D Employer identifi	cation number
	Addre chang				
	Name chang	e Doing business as		94-33709	94
	]Initial  return  Fiṇal	Number and street (or P.O. box if mail is not delivered to street address) 8455 COLESVILLE ROAD	Room/suite 1275	E Telephone numbe (301)608	
	return. termin		12/5	G Gross receipts \$	23,911,126.
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910			
$\vdash$	_return _Applic _tion			H(a) Is this a group re	
	⊥tion pendir	SAME AS C ABOVE		for subordinates	=
				H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	7	list. See instructions
	Vebsi		1	H(c) Group exemption	
Do	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2000	M State of legal domicile; MI
Га	rt I	Summary	D. D. D. T.		
ايو	1	Briefly describe the organization's mission or most significant activities: $\underline{\mathtt{SEE}}$	PART I	II, LINE I.	
al					
er		Check this box if the organization discontinued its operations or dispos		_	1
اق					16
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			16
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			81
Ĭξ		Total number of volunteers (estimate if necessary)			20
Activities & Governance				<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
<u>e</u>		Contributions and grants (Part VIII, line 1h)		15,356,781.	21,592,928.
en		Program service revenue (Part VIII, line 2g)		176,757.	160,203.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		428,687.	39,907.
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-8,671.	-164,958.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,953,554.	21,628,080.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,414,440.	7,269,711.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,755,888.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		41,571.	33,524.
ă		Total fundraising expenses (Part IX, column (D), line 25) 527,82			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,471,606.	8,908,384.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,683,505.	22,721,562.
		Revenue less expenses. Subtract line 18 from line 12		-729,951.	-1,093,482.
Net Assets or Fund Balances			Ве	eginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)		10,308,887.	9,575,940.
	21	Total liabilities (Part X, line 26)		4,468,272.	4,189,707.
	22	Net assets or fund balances. Subtract line 21 from line 20		5,840,615.	5,386,233.
	rt II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Characterist of the same		Data	
Sigr	1	Signature of officer		Date	
Here	е	VERONICA ALI, VICE PRESIDENT OF FINANCE			
		Type or print name and title		Data I F	DTIN
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid		RICHARD J. LOCASTRO, CPA		self-employ	
	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN 5	2-1392008
Jse	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
		BETHESDA, MD 20814-2930		Phone no. 30	<u>1-951-9090</u>
Иaу	the If	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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 X 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?
	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 \$7,013,743. including grants of \$4,900,318. ) (Revenue \$)
	CONSERVATION & RESTORATION:
	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 THE CONSERVATION AND MANAGEMENT OF OUR PROTECTED WATERS,
4b	(Code:) (Expenses \$1,061,128 •including grants of \$) (Revenue \$)
	SCIENCE & TECHNOLOGY:
	SCIENCE UNDERPINS THE WORK OF THE NATIONAL MARINE SANCTUARY FOUNDATION.
	OUR CONSERVATION, RESTORATION, AND EDUCATION WORK ALL RELY ON
	SUPPORTING CRITICAL RESEARCH THAT SUPPORTS THE MANAGEMENT AND
	CONSERVATION OF SANCTUARIES. THIS INCLUDES SOCIOECONOMIC RESEARCH THAT
	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 OF 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
4c	(Code:) (Expenses \$ 8,551,695. including grants of \$ 2,142,097. ) (Revenue \$ 214,486. )
	EDUCATION & OUTREACH:
	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
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 2,627,184. including grants of \$ 53,596.) (Revenue \$ )  Total program service expenses 19,253,750.
<u>4e</u>	Total program service expenses 19,253,750.

15170903 745960 24064

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del>ا</del>		<del></del>
'		7		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<b> </b> ₩
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	$oxed{oxed}$
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		<del> </del>
u		11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	$\vdash$
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie	21	$\vdash$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- V
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_X_	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <del></del> _		
.0		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		$\vdash$
19	,	40		x
00	complete Schedule G, Part III	19		X
20a	The state of the s	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

Pai	rt IV   Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1,7
	Schedule L, Part I	25b	-	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			₩.
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		X
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	+	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		X
20	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>^</u>
32	, ,	32		X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
33		33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del> </del>
J-7	Part V, line 1	34		X
35a	DIAM	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	304		T
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai			•	-
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
b		0		
С				
	(gambling) winnings to prize winners?	10	x	

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Form 990 (2023)

NATIONAL MARINE SANCTUARY FOUNDATION

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

			Y	es	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 8	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 21	. 2	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3	a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		)		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4	a		X
b	If "Yes," enter the name of the foreign country	_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5	a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 51	<u> </u>		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50	;	_	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6	a	_	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	61	)		
7	Organizations that may receive deductible contributions under section 170(c).		١.		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor			X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 71	2	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	70	>		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			$\dashv$	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. —		-	X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			_	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	71	1		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
0	sponsoring organization have excess business holdings at any time during the year?	. 8			
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	98			
a b		· 🗀		$\dashv$	
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	.   3			
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	а		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13	а	_	
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	_			
	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?		а	_	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14	b	$\dashv$	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				77
	excess parachute payment(s) during the year?	15	5		<u>X</u>
	If "Yes," see the instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 10	5		X
4	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	ر			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17	1		
	If "Yes," complete Form 6069.				

Form **990** (2023)

332005 12-21-23

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					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?		[	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		[			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	[	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
		,	_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the fo	orm?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe				
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		J			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a	ļ			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		ļ			
<u> </u>	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE					_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	d 990-T (section 5	01(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	` '	on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest po	licy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's booVERONICA ALI $-$ (301)608-3040		_			
	8455 COLESVILLE ROAD, 1275, SILVER SPRING, MD 2091	.0				

### 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.

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

- 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.

(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i	than o	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) VERONICA ALI VICE PRESIDENT OF FINANCE	40.00	_		37				165 060	0.	6 262
(2) ALLISON ALEXANDER	40.00		$\vdash$	Х	_	_		165,969.	0.	6,263.
VICE PRESIDENT OF PROGRAM	40.00	1				X		134,279.	0.	20,057.
(3) CAROL KING	40.00							154,275	0.	20,057.
CHIEF OF STAFF (UNTIL 11/2023)	40.00	1				x		140,038.	0.	10,929.
(4) SHANNON COLBERT	40.00									
VICE PRESIDENT OF EXTERNAL		1				x		125,930.	0.	4,919.
(5) JOEL JOHNSON	40.00							· ·		· ·
PRESIDENT & CEO (FROM 07/23)		1		Х				115,921.	0.	2,097.
(6) GINAIA KELLY	40.00									
MB CHAPTER DIRECTOR						Х		111,845.	0.	4,384.
(7) MATTHEW MCINTOSH	40.00									
VISUAL INFORMATION SPECIAL						X		108,968.	0.	4,270.
(8) SUSANNA KONDRACKI	1.00									
CH-CHAIR		Х		Х				0.	0.	0.
(9) MARK MCDADE	1.00									
CH-CHAIR		Х		Х				0.	0.	0.
(10) MARTIN PETERS	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) LAURA ZAGAR	1.00	ļ								
SECRETARY	0.50	Х		Х				0.	0.	0.
(12) BARBARA BIRDSEY	0.50									•
DIRECTOR	0.50	Х				_		0.	0.	0.
(13) DANE NICHOLS	0.50	-							_	0
DIRECTOR (14) PARTY DODATY	0.50	Х	<u> </u>			_		0.	0.	0.
(14) DAWN RODNEY	0.50	- V						0.	0.	0
DIRECTOR  (15) BLIZADEMH CDECO	0.50	X	$\vdash$					0.	0.	0.
(15) ELIZABETH CREGO DIRECTOR	0.50	Х						0.	0.	0.
(16) GARY DEMASI	0.50	Λ	$\vdash$		$\vdash$	$\vdash$		0.	0.	<u></u>
DIRECTOR	0.30	Х						0.	0.	0.
(17) HEATHER LUDERMANN	0.50					$\vdash$	$\vdash$	1		
DIRECTOR	0.50	х						0.	0.	0.
										Form 990 (2022)

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Part VII Section A. Officers, Directors	s, Trustees, Key Emr	olov	ees.	and	l Hid	ghes	t Co	ompensated Employee	es (continued)	<u> </u>	
(A) (B) (C) (D) (E) (F)											
Name and title	Average hours per week	box.	not c , unles cer an	Pos heck i ss per	ition more son i	than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) JODIW NG	0.50							_	_	_	
DIRECTOR		Х						0.	0.	0.	
(19) JOHN RUDOLF DIRECTOR	0.50	х						0.	0.	0.	
(20) JOSE ASTORQUI	0.50										
DIRECTOR		Х						0.	0.	0.	
(21) JOSH FRANKLIN DIRECTOR	0.50	Х						0.	0.	0.	
(22) JUSTIN DUNNAVANT DIRECTOR	0.50	X						0.	0.	0.	
(23) LARRY MERCUILEFF DIRECTOR	0.50	Х						0.	0.	0.	
(24) LYNN SCARLETT DIRECTOR, END TERM 10/23	0.50	х						0.	0.	0.	
		_									
1b Subtotal							-	902,950.	0.	52,919.	
c Total from continuation sheets to defect to								902,950.	0.	52,919.	
2 Total number of individuals (including									000 of reportable	,	

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

Yes No

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

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

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

Yes No

X

X

#### 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)
	Description of services	Compensation
PRECON EVENTS, INC., 11910 PARKLAWN DRIVE,	PROFESSIONAL EVENT	
SUITE T, ROCKVILLE, MD 20852	PRODUCTION	342,310.
TRADE CENTER MANAGEMENT ASSOCIATES, 1300	VENUE SITE FOR	
PENNSYLVANIA AVENUE, NW, WASHINGTON, DC	CONFERENCE AND EVENT	226,249.
KOYA LEADERSHIP PARTNERS LLC, 20005 MARKET		
STREET; SUITE 3300, PHILADEPHIA, PA 19103	RECRUITING SERVICE	199,397.
OCEAN ASSOCIATES, INC., 4007 NORTH		
ABINGDON STREET, ALEXANDRIA, VA 22207	EMPLOYMENT SERVICES	169,580.
OSIBEYOND L.L.C., 11921 ROCKVILLE PIKE,		
SUITE 210, ROCKVILLE, MD 20852	IT SERVICE	137,896.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization		
· · · · · · · · · · · · · · · · · · ·		200

Form **990** (2023)

9

Form 990 (2023) NATIONA
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
		Check if Schedule O Contains a response of	r note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
N N	1:	Federated campaigns 1a	15,000.				
ant		Membership dues 1b	,				
ي ق ا		Fundraising events 1c	479,719.				
ifts Ir A		I Related organizations 1d	,				
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e	19,053,062.				
Sir	1	All other contributions, gifts, grants, and					
outi her		similar amounts not included above 1f	2,045,147.				
it of	9	Noncash contributions included in lines 1a-1f	36,136.				
Cor	Ì	Tetal Add lines to 1f		21,592,928.			
			Business Code				
ø	2 8	VESSEL OPERATIONS	900099	152,539.	152,539.		
rvic	ı	REGISTRATION FEES	900099	7,664.	7,664.		
Sel							
am	(						
Program Service Revenue	•						
P	1	All other program service revenue					
	(	Total. Add lines 2a-2f		160,203.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		101,458.			101,458.
	4	Income from investment of tax-exempt bond pr		- 100			
	5	Royalties		5,403.			5,403.
		(i) Real	(ii) Personal				
		Gross rents 6a 18,594.					
		Leggi Territal experieds					
				18,594.			18,594.
		Net rental income or (loss)	(ii) Other	10,031.			10,331.
	, ,	assets other than inventory <b>7a</b> 1,870,277.	(ii) Galloi				
		Less: cost or other basis					
<u>e</u>		and sales expenses <b>7b</b> 1,931,828.					
Revenue		Gain or (loss) 7c -61,551.					
Rev		Net gain or (loss)		-61,551.			-61,551.
er		Gross income from fundraising events (not					
₽		including \$ 479,719. of					
		contributions reported on line 1c). See					
		Part IV, line 18	82,100.				
	ŀ	Less: direct expenses8b	326,890.				
		` '		-244,790.			-244,790.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 8	Gross sales of inventory, less returns	78,611.				
		and allowances 10a Less: cost of goods sold 10b	24,328.				
		Less: cost of goods sold  Net income or (loss) from sales of inventory		54,283.	54,283.		
			Business Code	01,200.	01,200.		
ns	11 :	MISCELLANEOUS	900099	1,552.			1,552.
ned			-	= , : : = •			=,::=•
ella							
Miscellaneous Revenue	(	All other revenue					
Σ		Total. Add lines 11a-11d		1,552.			
	12	Total revenue. See instructions		21,628,080.	214,486.	0.	-179,334.

#### 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 (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 7,269,711. 7,269,711. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 29,505. trustees, and key employees ..... 290,251. 231,241. 29,505. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 5,120,072. 3,638,951. 1,240,003. 241,118. 7 Pension plan accruals and contributions (include 118,871. 84,094. 28,584. 6,193. section 401(k) and 403(b) employer contributions) 358,477. 525,341. 140,952. 25,912. Other employee benefits 9 455,408. 309,222. 123,416. 22,770. 10 Payroll taxes 11 Fees for services (nonemployees): Management 19,029. 20. 19,009. Legal 183,457. 106,887. 74,800. 1,770. Accounting Lobbying 33,524. 33,524. Professional fundraising services. See Part IV, line 17 42,322. 42,322. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 3,332,755. 3,621,936. 240,162. 49,019. column (A), amount, list line 11g expenses on Sch O.) 234,136. 166,776. 64,671. 2,689. Advertising and promotion 12 456,066. 27,670. 3,144. 486,880. 13 Office expenses 1,132,921. 833,907. 285,980. 13,034. Information technology 14 Royalties 15 373,062. 526,795. 153,733. 16 Occupancy 790,763. 680,692. 96,676. 13,395. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 697,085. 657,185. 39,900. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,619. 34,245. 31,626. Depreciation, depletion, and amortization 22 17,391. 1,889. 15,502. 23 Other expenses. Itemize expenses not covered 24 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.) 270,215. 41,335. 296. 311,846. EQUIP., RENTAL & MAINT. EXHIBITS AND KIOSKS 237,505. 222,506. 14,999. 176,139. 176,139. VESSEL OPERATIONS 5,403. 158,778. 70,555. 82,820. d MISCELLANEOUS EXPENSES 237,156. 183,510. 28,493. 25,153. e All other expenses 22,721,562. 19,253,750. 2,939,988. 527,824. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,295,537. 1,014,764. 1 Cash - non-interest-bearing 1,110,414. 4,660,782. Savings and temporary cash investments 2 1,223,435. 515,689. Pledges and grants receivable, net 3 3 245,347. 208,220. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 138,038. 264,554. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 305,414. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 285,354. 54,304. 20,060. b Less: accumulated depreciation 10b 10c 885,577. 3,799,259. Investments - publicly traded securities 11 11 78,351. 78,351. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 2,364,202. 1,927,943. Other assets. See Part IV, line 11 15 15 10,308,887. 9,575,940. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 1,856,357. 1,820,805. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 37,800. 64,791. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties ..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,574,115. 2,304,111. of Schedule D 4,468,272. 4,189,707. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,391,006. 27 2,531,767. 27 Net assets with donor restrictions 3,449,609. 2,854,466. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 5,840,615. 5,386,233. Total net assets or fund balances 32 32 10,308,887. 9,575,940. 33 Total liabilities and net assets/fund balances

Form **990** (2023)

						<u> </u>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21	,62	8,0	80.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22	,72	1,5	62.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	,09	3,4	82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5			15.
5	Net unrealized gains (losses) on investments	5		63	9,1	01.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5	,38	6,2	34.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
За	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?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

#### NATIONAL MARINE SANCTUARY FOUNDATION 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	9643488.	9348867.	11737356.	15356781.	21592928.	67679420.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	9643488.	9348867.	11737356.	15356781.	21592928.	67679420.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						67679420.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	9643488.	9348867.	11737356.	15356781.	21592928.	67679420.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	126,872.	58,642.	126,746.	504,625.	125,455.	942,340.	
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.)	3,207.	12,702.	9,733.	22,080.	1,552.	49,274.	
11	<b>Total support.</b> Add lines 7 through 10						68671034.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	817,050.	
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop							
Sec	tion C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2023 (li	ne 6, column (f), di	vided by line 11, o	column (f))		14	98.56 %	
	Public support percentage from 2022					15	98.14 %	
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual							
17a	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test						10% or	
	more, and if the organization meets the				-			
46	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 1/a, or 17b	o, check this box a		(Form 990) 2023	

#### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sed	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here		•				
	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					I .= I	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						/ is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
  - b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes	No
n 990)	2023

332024 12-21-23 Schedule A (Form 990) 2023

Par	t IV	Supporting Organizations (continued)			
		, comment of the second of the		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b	A fam	illy member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part V	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	suppo	orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	l ' I	N.
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
h		hese activities constituted substantially all of its activities.	2a		
Ü		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3		activities but for the organization's involvement.  It of Supported Organizations. Answer lines 3a and 3b below.	ZIJ		
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		

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

Schedule A (Form 990) 2023

	IONAL MARINE	SANCTUARY	FOUNDATION 9	4-3370994 Pag		
Part V Type III Non-Functionally	Integrated 509(a)(	<ol><li>Supporting O</li></ol>	rganizations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instruction						
All other Type III non-functionally in	ntegrated supporting org	janizations must con	plete Sections A through E.			
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)		

		( )	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 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		
<ul> <li>Income tax imposed in prior year</li> <li>Distributable Amount. Subtract line 5 from line 4, unless subject to</li> </ul>	5		
· · · · · · · · · · · · · · · · · · ·	5		

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

NATIONAL MARINE SANCTUARY FOUNDATION

**Employer identification number** 

94 - 3370994

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "	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 nswer "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 nat 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
1		\$ <u>15,858,463.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,451,973.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- Hume, dudices, and Emily	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		    \$	
323/53 12-26	00		Schedule B (Form 990) (2023)

Name of organization Employer identification number

	NAL MARINE SANCTUARY FOU	JNDATION		94-3370994				
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious.	through (e) and the following line e	entry. For organizati	ons				
	Use duplicate copies of Part III if additional s	pace is needed.	n less for the year. (E	nter this into, once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
T UIT I								
		(e) Transfer of	gift					
	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to transferee				
(a) No.				, n =				
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transfer of	nift —					
	Transferee's name, address, ar		Relationship of transferor to transferee					
	Transistor o Trainis, addition, and En T T		Tiolation	omp or a uniordicate to a uniordicate				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(a) Transfer of						
	Transferrate name address an	(e) Transfer of	Relationship of transferor to transferee					
	Transferee's name, address, ar	10 ZIP + 4	Relation	snip of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
	-							

### SCHEDULE C

(Form 990)

**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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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:

	01(c)(4), (5), or (6) organizat	ions: Complete Part III.						
•						yer identification number 94-3370994		
	NATIONAL MARINE SANCTUARY FOUNDATION  Part I-A   Complete if the organization is exempt under section 501(c) or is a section 527 or							
Part I-A	Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 52	27 orga	anization.		
2 Political	campaign activity expendit	ation's direct and indirect politica ures gn activities						
Part I-B	Complete if the org	anization is exempt unde	er section 501(c)(3	3).				
1 Enter the		incurred by the organization unde			\$			
		incurred by organization manage						
3 If the org	anization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		_	Yes No		
b If "Yes,"	describe in Part IV.							
Part I-C	Complete if the org	anization is exempt unde	er section 501(c), o	except section 5	501(c)(	(3).		
1 Enter the	e amount directly expended	by the filing organization for sec	tion 527 exempt function	on activities	\$ _			
2 Enter the	e amount of the filing organ	ization's funds contributed to oth	er organizations for sec	ction 527				
exempt 1	unction activities				\$ _			
		. Add lines 1 and 2. Enter here an	,					
		1120-POL for this year?						
		nployer identification number (EIN						
=	•	tion listed, enter the amount paid				· · · · · · · · · · · · · · · · · · ·		
	•	omptly and directly delivered to a additional space is needed, provide		·	eparate	segregated fund or a		
Political	• • • • • • • • • • • • • • • • • • • •		1	1	. 1			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization		(e) Amount of political contributions received and		
				funds. If none, ent				
				<u>'</u>		delivered to a separate		
						political organization.  If none, enter -0		
				+	$\overline{}$			

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

Schedule C (Form 990) 2023

		Form 990) 2023	NATIO	NAL MA	RINE SANCTU	ARY FOUNDATI	ON 94-3	370994	Page 2		
P	art II-A	Complete if the org	anizatio	n is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ection unde	er		
		section 501(h)).									
Α	Check					Part IV each affiliated	group member's nam	e, address, Ell	N,		
	expenses, and share of excess lobbying expenditures).										
<u>B</u>											
		Limi (The term "expend	(a) Filing organization's totals	(b) Affiliated totals							
1	la Total lo	bbying expenditures to influ	ience publ	ic opinion (	grassroots lobbying)						
	<b>b</b> Total lo	bbying expenditures to influ	uence a leg	islative bod	ly (direct lobbying)						
	c Total lo	bbying expenditures (add li	nes 1a and	l 1b)							
		xempt purpose expenditure									
	e Total ex	cempt purpose expenditure	s (add lines	s 1c and 1d	)						
		ng nontaxable amount. Ente									
		nount on line 1e, column (a) o	1		bying nontaxable am						
		r \$500.000.			the amount on line 1e.						
		00,000 but not over \$1,000	.000.		00 plus 15% of the exce	ess over \$500.000.					
		,000,000 but not over \$1,50			00 plus 10% of the exce						
		,500,000 but not over \$17,0			00 plus 5% of the exces						
		7,000,000,									
		oots nontaxable amount (en	-								
	•	et line 1g from line 1a. If zer			1						
		ct line 1f from line 1c. If zero									
		is an amount other than ze	•		line 1i. did the organiza			•			
	-	g section 4911 tax for this			_			Yes	□ No		
					eraging Period Under						
		(Some organizations the	nat made a	a section 50		nave to complete all o	f the five columns b	elow.			
			Lobb	ying Exper	nditures During 4-Yea	r Averaging Period					
		Calendar year al year beginning in)	(a) 2	2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> To	tal		
2	<b>2a</b> Lobbyir	ng nontaxable amount									
	<b>b</b> Lobbyir	ng ceiling amount									
	(150% c	of line 2a, column(e))									
	c Total lo	bbying expenditures									
		oots nontaxable amount									
		oots ceiling amount									
	(150% 0	of line 2d, column (e))									

Schedule C (Form 990) 2023

f Grassroots lobbying expenditures

### Schedule C (Form 990) 2023 NATIONAL MARINE SANCTUARY FOUNDATION 94-33709 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)		
of the lobbying activity.	Y	es	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?		X			
b Paid staff or management (include compensation in expenses reported on lines 1c through		Σ			
c Media advertisements?			X		
d Mailings to members, legislators, or the public?	Σ	Σ			
e Publications, or published or broadcast statements?			X		
f Grants to other organizations for lobbying purposes?			X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?			X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			X		
i Other activities?	Σ	Σ		(*)	3,158.
j Total. Add lines 1c through 1i				(3)	3,158.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			X		
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 491					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A   Complete if the organization is exempt under section 501(c)(4	), section 50	1(c)(5),	or sec	tion	
501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditu			3		
Part III-B Complete if the organization is exempt under section 501(c)(4				tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an	• •				3, is
answered "Yes."					
Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amount					
expenses for which the section 527(f) tax was paid).					
a Current year			2a		
b Carryover from last year			2b		
			2c		
c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			-		
does the organization agree to carryover to the reasonable estimate of nondeductible lobb		ı			
		ı			
expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions			4		
Fart IV Supplemental Information			5		
				10/	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affilia	ated group list); I	art II-A, I	lines 1 a	nd 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 ONL	INE MAIL	NG A	DVOC.	ACY	
TOOLS THAT SEND LETTERS DIRECTLY TO LEGISLATORS A	AND OTHER	RELE	CTED		
OFFICIALS, HOSTING ONLINE HILL FLY-IN MEETINGS AN	ND DISTRI	CT D	AY E	VENTS	
THAT ENABLE THE FOUNDATION TO CONNECT BUSINESSES	AND COMM	<u>IUNIT</u>	Y LE	ADERS	
TO THEIR ELECTED OFFICIALS TO VOICE THEIR SUPPORT	r for san	ICTUA	RIES	•	

Schedule C (Form 990) 2023

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection **Employer identification number** 

_	NATIONAL MARINE SA		94-3370994					
Par			or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir							
		(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 advis	sed funds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring					
	impermissible private benefit?		Yes No					
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).						
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area					
	Protection of natural habitat	Preservation o	f a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	ified 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					
а	Total number of conservation easements		2a					
b								
С	Number of conservation easements on a certified historic str		0-					
	Number of conservation easements included on line 2c acqu							
	on a historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, rel							
	year	,g,	g					
4	Number of states where property subject to conservation eas	sement is located						
5	Does the organization have a written policy regarding the per							
	violations, and enforcement of the conservation easements it holds?							
6								
	Call and tolances hours devoted to morntoning, inspecting, harding of violations, and emorning conservation easimonic during the year							
7	7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year							
	3, 1, 3,	3	3					
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	n)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservati							
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the					
	organization's accounting for conservation easements.	· ·						
Par		f Art, Historical Treasures, or O	ther Similar Assets.					
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works					
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public					
	service, provide in Part XIII the text of the footnote to its final							
b	If the organization elected, as permitted under FASB ASC 95							
-	art, historical treasures, or other similar assets held for public							
	provide the following amounts relating to these items.	2 2						
	(i) Revenue included on Form 990, Part VIII, line 1		\$					
	(m) A							
2	If the organization received or held works of art, historical tre	easures or other similar assets for financia						
_	the following amounts required to be reported under FASB A		a gain, provide					
9	Revenue included on Form 990, Part VIII, line 1	-	\$					
	Assets included in Form 990, Part X							
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023					
_	. S aps. from Household Ast House, see the High uctions	5 . 5 OI III 000I						

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

Sche		L MARINE SA				9	4-33	70994	<b>1</b> Pa	age <b>2</b>	
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, o	r Other S	Similar	Assets	(contin	nued)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make sign	nificant us	se of its				
	collection items (check all that apply).										
а	Public exhibition	d	Loan or exc	change progra	am						
b	Scholarly research	е	Other								
С	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	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?										
Par	t IV Escrow and Custodial Arrang	gements Comple	te if the organization	n answered "	Yes" on Fo	rm 990, I	Part IV, li	ne 9, or			
	reported an amount on Form 990, Par		_								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for contribution	ns or other as	sets not in	cluded					
	on Form 990, Part X?							Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:								
								Amount	t		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on Fo					?		Yes		No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in F	Part XIII .					]	
Par	t V Endowment Funds Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part I	IV, line 10.						
	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Fo									back	
1a	Beginning of year balance	sinning of year balance 4,103,404. 5,206,644. 4,934,320. 4,906,353.								4,769,537.	
b	Contributions		10,042.	10	0,466.	1	73,488.		488.		
С	Net investment earnings, gains, and losses	636,685.	-887,621.	393	1,136.	48	568,195		195.		
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs		225,661.	117	7,083.	26	1,275.		434,	484.	
f	Administrative expenses			12	2,195.	20	1,463.		70,	383.	
g	End of year balance	4,740,089.	4,103,404.	5,200	6,644.	4,93	4,320.	4 ,	906,	353.	
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	)) held as:							
а	Board designated or quasi-endowment	100	%								
b	Permanent endowment • 0000	%	_								
С	Term endowment • 0000	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administer	ed for the			_			
	organization by:								Yes	No	
	(i) Unrelated organizations?							3a(i)		Х	
	(ii) Related organizations?							3a(ii)		Х	
b	If "Yes" on line 3a(ii), are the related organiza							3b			
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.								
Par	t VI Land, Buildings, and Equipm	ent									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990	, Part X, lin	ne 10.					
	Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation							Э			
1a	Land										
b	Buildings										
C	Leasehold improvements		2	2,455.		8,01	7.	14	4,43	38.	
d	Equipment		282,959. 277,337. 5,6					5,622.			

Schedule D (Form 990) 2023

20,060.

**e** Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

	RINE SANCTUAR	Y FOUNDATION	94-3370994 <sub>Page</sub> 3
Part VII Investments - Other Securities	on Form 000 Port IV line	11h Con Form 000 Part V line 12	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
10 E	(b) Book value	(c) Method of Valuation. Cost	or end-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B) (C)		1	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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	
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
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			1,904,150.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	. (B))		1,927,943.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	ine 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITIE	ES		2,064,115.
(3) REFUNDABLE ADVANCES			97,990.
(4) AMOUNTS HELD FOR OTHERS			142,006.
(5)			

2,304,111. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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

Schedule D (Form 990) 2023

(6) (7) (8)

0 - 1	dule D (Form 990) 2023 NATIONAL MARINE SANCTUARY	EOIINDA	UTON	01_	3370994 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem				3370334 Page -
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		•		
1				1	22,584,692.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	639,101.		
b	Donated services and use of facilities		8,616.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		351,218.		
е	Add lines 2a through 2d			2e	998,935.
3	Subtract line 2e from line 1			3	21,585,757.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,322.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	42,322.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	21,628,079.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	23,039,074.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities		8,616.		
	Prior year adjustments				
	Other losses		254 040		
	Other (Describe in Part XIII.)		351,218.		250 024
е	Add lines 2a through 2d			2e	359,834.
3	Subtract line 2e from line 1			3	22,679,240.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	40 200		
	Investment expenses not included on Form 990, Part VIII, line 7b		42,322.		
	Other (Describe in Part XIII.)	4b			40 200
	Add lines 4a and 4b			4c	42,322.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	22,721,562.
	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			; Part	X, line 2; Part XI,
PAF	RT V, LINE 4:				
THE	OPERATIONAL ACTIVITY FUND IS A FUND WITH	OUT DON	OR RESTRIC	TIO	NS THAT
SUI	PPORTS PROGRAMS AND OPERATIONS OF THE FOUN	DATION.			
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
COS	T OF GOODS SOLD INCLUDED AS AN EXPENSE ON	THE			24,328.
FIL	NANCIAL STATEMENTS AND NETTED AGAINST SALE	ES REVEN	IUE ON		

Schedule D (Form 990) 2023

326,890.

351,218.

15170903 745960 24064

PART VIII, LINE 10B.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

SPECIAL EVENT EXPENSE INCLUDED AS EXPENSE ON THE FINANCIAL

STATEMENTS AND NETTED AGAINST REVENUE ON PART VIII, LINE 8B

### SCHEDULE F (Form 990)

# 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.

**Open to Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

**Employer identification number** 

NATIONAL MARINE SANCTUARY FOUNDATION 94-3370994 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? 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.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region SEE PART V FOR FULL EAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES ACTIVITIES DESCRIPTION 110,306. CENTRAL AMERICA AND SEE PART V FOR FULL THE CARIBBEAN 0 9 PROGRAM SERVICES ACTIVITIES DESCRIPTION 237,399. SEE PART V FOR FULL 0 DESCRIPTION SOUTH AMERICA 1 PROGRAM SERVICES ACTIVITIES 34,907. PROGRAM SERVICES 0 ACTIVITIES SUB-SAHARAN AFRICA 0 PROGRAM SERVICES ACTIVITIES 2,953.

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

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15

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15

Schedule F (Form 990) 2023

385,565.

385,565.

and 3b)

3 a Subtotal **b** Total from continuation

sheets to Part I ..... c Totals (add lines 3a

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

1 (a) Name of organization	<b>(b)</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	
2 Enter total number of			ecognized as charities by the f				

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

<sup>3</sup> Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash nonca assistance

# Schedule F (Form 990) 2023 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 the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

#### Schedule F (Form 990) 2023 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: SUPPORT INTERNATIONAL CAPACITY BUILDING FOR SUSTAINABLE MANAGEMENT OF BLUE CARBON HABITATS AND INCLUSION IN NATIONAL GREENHOUSE GAS ACCOUNTING. DEVELOPING CURRICULUM AND FACILITATING WORKSHOPS WILL ENHANCE THE CAPACITY OF SELECTED COUNTRIES TO SUSTAINABLY MANAGE VALUABLE COASTAL HABITATS FOR CARBON STORAGE AND OTHER BENEFITS. PROJECTS IN THIS REGION ALSO PROMOTE FISHERIES GOVERNANCE AND ENFORCEMENT FOR FOOD SECURITY AND BIODIVERSITY IN THE SOUTHEAST ASIA PACIFIC REGION, AND ON STRENGTHENING CAPACITY OF COASTAL MANAGERS IN THE REGION TOWARDS COASTAL COMMUNITY AND ECONOMIC RESILIENCE. STRENGTHENING THE CAPACITY OF REGIONAL AND NATIONAL INSTITUTIONS, ENABLES PARTNERS AND FISHERIES SOURCE NATIONS TO BETTER DETECT AND INTERDICT IUU FISH PRODUCTS BEFORE IT ENTERS GLOBAL COMMERCE. MORE BROADLY, THESE EFFORTS HELP TO REDUCE THE LEVEL OF IUU FISH PRODUCTS BEING LANDED AND EXPORTED FROM NATIONS AROUND THE WORLD, SUPPORTING SUSTAINABLE FISHERIES MANAGEMENT AND LEVELING THE PLAYING FIELD FOR LEGITIMATE FISHERS. BY INCREASING AWARENESS AND COMPETENCIES OF GLOBAL LAW ENFORCEMENT PARTNERS TO COMBAT IUU FISHING, THE USG SEEKS TO PREVENT ILLEGAL FISHING AND RELATED UNLAWFUL ACTIVITIES AT THE SOURCE.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

Page 5

DOMINICAN	REPUBLIC,	EL	SALVADOR	) <u>.</u>

#### REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: BUILDING SYNERGIES BETWEEN CMAR AND USAID SOUTH AMERICA REGIONAL MISSION PARTNER PROJECTS IN THE REGION IN SUPPORT OF CMAR ACTIVITIES, WITH A WORKSHOP IN PERU DESIGNED TO COLLECTIVELY IDENTIFY GAPS AND CHALLENGES AND FORMULATE SOLUTIONS ACROSS KEY TECHNICAL AREAS SUCH FISHERIES MANAGEMENT, MARINE PROTECTED AREAS, AND TOURISM, AND BUILD AND ESTABLISH A METHODOLOGY FOR COLLABORATION AND CONTINUOUS COMMUNICATION IN THE DEVELOPMENT OF JOINT ACTIVITIES.

#### REGION: AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT FOR BLUE CARBON FIELD DATA COLLECTION 101 TRAINING AND BLUE CARBON 101 FOR MARINE AND COASTAL MANAGERS IN GHANA, PART OF THE BLUE CARBON INVENTORY PROJECT, WHICH ENHANCES THE CAPACITY OF PARTNERS AND GOVERNMENTS TO INTEGRATE COASTAL WETLAND DATA IN NATIONAL GREENHOUSE GAS INVENTORIES.

Schedule F (Form 990) 2023

### SCHEDULE G (Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** 94-3370994 NATIONAL MARINE SANCTUARY FOUNDATION 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. Mail solicitations e X Solicitation of non-government grants X Solicitation of government grants X Internet and email solicitations X Phone solicitations X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) contributions' GREY DOG GROUP - 151 STERLING Yes No MANOR DRIVE #3110 GRANT WRITING SUPPORT Х 213,114 12,200 200,914. BLUE STATE - 7900 XERXES AVENUE, SOUTH, SUITE 980 EOY CAMPAIGN Х 2,775 21,324 -18,549. 215 889 33 524 182 365. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration 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 MI,UN,IW

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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.FZ lines 1 and 6b. List events with gross receipts greater than \$5.00

		of fundraising event contributions and gro			vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			OCEAN AWARDS	SEA STARS	NONE	(add col. (a) through
			GALA	BRUNCH		col. (c))
4			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	395,219.	166,600.		561,819.
ď			-	-		
	2	Less: Contributions	337,019.	142,700.		479,719.
			-			
	3	Gross income (line 1 minus line 2)	58,200.	23,900.		82,100.
		·				
	4	Cash prizes				
	5	Noncash prizes		680.		680.
es						
ens	6	Rent/facility costs	6,000.			6,000.
Direct Expenses						
ct E	7	Food and beverages	187,758.	24,120.		211,878.
)ire		9				
_	8	Entertainment		400.		400.
		Other direct expenses	98,579.	9,353.		107,932.
		Direct expense summary. Add lines 4 through	9 in column (d)			326,890.
	11	Net income summary. Subtract line 10 from lin				-244,790.
Pa	rt I	Gaming. Complete if the organization a	nswered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) bingo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))
eve						
Щ	1	Gross revenue				
Ś	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
Ä,						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	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)			
	_					
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
40	141	and the support of th	valuation and the state of	and a standard of the standard	0	
		ere any of the organization's gaming licenses re				Yes No
Ю	II "	Yes," explain:				
	_					

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 NATIONAL MARINE SANCTUARY FOUNDATION 9	4-3370	994	Page 3
11	Does the organization conduct gaming activities with nonmembers?	🗀	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	1	
	to administer charitable gaming?	L	Yes	No
	Indicate the percentage of gaming activity conducted in:	1	1	
	a The organization's facility		$\neg$	%
	o An outside facility	13b	)	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	nt		
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	□ No
	retain the state gaming license?  Description: Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state of the stat		res	L NO
L	organization's own exempt activities during the tax year \$	ie		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	d Part III. I	nes 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	,,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:		
/ T	) NAME OF FUNDRAISER: GREY DOG GROUP			
<u>(I</u>	) NAME OF FUNDRAISER: GREY DOG GROUP			
(I	) ADDRESS OF FUNDRAISER:			
<u> </u>	, indicate of the transfer of			
15	1 STERLING MANOR DRIVE #3110, WILLIAMSBURG, VA 23185			
	•			
/ <del>T</del>	\ NAME OF FINDDATCED. DITTE CHAME			
<u>(I</u>	) NAME OF FUNDRAISER: BLUE STATE			
(I	) ADDRESS OF FUNDRAISER:			
<u> </u>	00 XERXES AVENUE, SOUTH, SUITE 980, MINNEAPOLIS, MN 55431			
		chedule G	(Form	990) 2023

Schedule G	G (Form 990)	NATIONAL	MARINE	SANCTUARY	FOUNDATION	94-3370994	Page 4
Part IV	G (Form 990)  Supplemental Inform	mation (continue	ad)				
		COntinue	<i>5u)</i>				
-							

#### SCHEDULE I (Form 990)

# 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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### NATIONAL MARINE SANCTUARY FOUNDATION

#### 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 criteria used to award the grants or assistance?
- 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 99 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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) Descripti noncash assis
MOTE MARINE LABORATORY.						
1600 KEN THOMPSON PKWY						
SARASOTA, FL 34236	59-0756643	C CORP	949,202.	0.		
DARABOTA, FE 34230	33 0730043	C CORP	343,202.	0.		
CORAL RESTORATION FOUNDATION						
89111 OVERSEAS HWY						
TAVERNIER, FL 33070	65-1054647	501(C)(3)	626,959.	0.		
,			, ,			
REEF RENEWAL USA, INC.						
4002 W. STATE ST. SUITE 200						
TAMPA, FL 33609	83-4404613	C CORP	334,486.	0.		
TEMPLE UNIVERSITY						
3223 NORTH BROAD STREET; SUITE 232						
PHILADELPHIA, PA 19140	23-1365971	501(C)(3)	309,560.	0.		
GULF OF MAINE RESEARCH INSTITUTE						
350 COMMERICAL STREET						
PORTLAND, ME 04101	01-0504905	501(C)(3)	286,916.	0.		
AUDUBON NATURE INSTITUTE						
6500 MAGAZINE STREET						
NEW ORLEANS, LA 70118	51-0157624	501(C)(3)	275,000.	0.		

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA 332101 11-01-23

Schedule I (Form 990) NATIONAL	MARINE SA	NCTUARY FOUI	NDATION			
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt 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 non-cash assis
MISSISSIPPI AQUARIUM						
2100 E. BEACH BLVD						
GULFPORT, MS 39501	81-4974774	501(C)(3)	273,500.	0.		
LEHIGH UNIVERSITY						
ORSP 526 BRODHEAD AVENUE						
BETHLEHEM, PA 18015	24-0795445	501(C)(3)	245,661.	0.		
JOHNSTON APPLIED MARINE SCIENCE						
PMB 280 PO BOX 10001						
SAIPAN, MP 96950	66-0948844	CORP	237,996.	0.		
WEST VIRGINIA UNIVERSITY						
FOUNDATION - ONE WATERFRONT PLACE,						
7TH FLOOR, PO BOX 1650 -		ļ	l			
MORGANTOWN, WV 26501	55-6017181	501(C)(3)	228,441.	0.		
GUAM CORAL REEF INITIATIVE						
DEPARTMENT OF AGRICULTURE, 163 DAIRY						
MANGILAO, GU 96913	98-0018947	501(C)(3)	226,358.	0.		
innormie, ee resie	35 55251	501(5)(5)	223,322.	- •		
MOODY GARDENS						
ONE HOPE BLVD						
GALVESTON, TX 77554	76-0288131	501(C)(3)	223,875.	0.		
UNIVERSITY OF GUAM MARINE						
LABORATORY - 303 UNIVERSITY DR.,						
UOG MARINE LABE, UOG STATION -						
MANGILAO, GUAM 96923	98-0032933	501(C)(3)	193,907.	0.		
COMMONWEALTH OF THE NORTHERN						
MARIANA ISLANDS DIVISION OF						
COASTAL RESOURCES MANAG - PO BOX						
501304 - SAIPAN, MP 96950	98-6019463	GOVT	190,580.	0.		
COUNCIL FOR NATIVE HAWAIIAN						
ADVANCEMENT - 91-1270 KINOIKI						
STREET, BUILDING 1 - KAPOLEI, HI						
96707	91-0313383	501(C)(3)	169,576.	0.		

		NCTUARY FOUI					
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 non-cash assis	
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, BOX 368 HONOLULU , HI 96822	99-6000354	501(C)(3)	165,900.	0.			
HI DEPARTMENT OF LAND AND NATURAL RESOURCES - 1151 PUNCHBOWL ST. RM 330 - HONOLULU , HI 96813	99-0266119	GOVT	161,314.	0.			
OREGON STATE UNIVERSITY 2030 SE MARINE SCIENCE DRIVE NEWPORT, OR 97365	61-1730890	501(C)(3)	159,992.	0.			
PHILLIP AND PATRICIA FROST MUSEUM OF SCIENCE - 1101 BISCAYNE BLVD - MIAMI, FL 33132	59-0854960	501(C)(3)	152,424.	0.			
UNIVERSITY OF LOUISIANA, LAFAYETTE PO BOX 43610 LAFAYETTE, LA 70504	72-6000820	501(C)(3)	151,453.	0.			
SECORE INTERNATIONAL 4673 NORTHWEST PARKWAY HILLIARD, OH 43026	47-5385160	501(C)(3)	136,362.	0.			
KEAUKAHA-PANA'EWA COMMUNITY ALLIANCE - PO BOX 6844 - HILO, HI 96720	46-1490067	501(C)(3)	135,000.	0.			
NATIONAL PARK TRUST 401 E JEFFERSON STREET SUITE 207 ROCKVILLE, MD 20850	52-1691924	501(C)(3)	103,400.	0.			
THE NATURE CONSERVANCY 801 GERVAIS ST., STE 202 COLUMBIA, SC 29201	53-0242652	501(C)(3)	100,000.	0.			

Schedule I (Form 990) NATIONAL MARINE SANCTUARY FOUNDATION						
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>(b)</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 non-cash assis
UNIVERSITY OF NORTH CAROLINA AT WILMINGTON - 601 S COLLEGE ROAD - WILMINGTON , NC 28403	56-6049935	501(C)(3)	90,085.	0.		
KAKO'O OIWI PO BOX 5307, 46-005 KAWA STREET UN KANEOHE, HI 96744	57-1236490	501(C)(3)	88,585.	0.		
THE REEF INSTITUTE 520 24TH STREET WEST PALM BEACH, FL 33407	81-3369434	501(C)(3)	60,360.	0.		
SEA RESEARCH FOUNDATION 55 COOGAN BOULEVARD MYSTIC, CT 06355	06-1480300	501(C)(3)	52,982.	0.		
WAIKIKI AQUARIUM 2777 KALAKAUA AVENUE HONOLULU , HI 96815	99-6000354	501(C)(3)	50,000.	0.		
SMITHSONIAN INSTITUTION P. O. BOX 37012, MRC 1205 WASHINGTON, DC 20213	53-0206027	501(C)(3)	44,302.	0.		
THE COLLEGE OF THE FLORIDA KEYS 5901 COLLEGE RD KEY WEST, FL 33040	59-1209205	501(C)(3)	34,285.	0.		
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN - 21 N PARK STREET; SUITE 6301 - MADISON, WI 53715	39-6006492	501(C)(3)	33,965.	0.		
THE OCEAN FOUNDATION (FISCAL SPONSOR FOR THE OCEAN PROJECT) - 1320 19TH STREET, NW, SUITE 500 - WASHINGTON, DC 20036	71-0863908		32,600.	0.		
WASHINGTON, DC 20030	71-0003300	D01(C)(3)	32,000.	٠.		

		NCTUARY FOU				
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						rt II.)
(a) Name and address of organization or government	<b>(b)</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 non-cash assis
GALVESTON BAY FOUNDATION 1725 HIGHWAY 146 KEMAH, TX 77565	76-0279876	501(C)(3)	25,799.	0.		
HORIZON SCIENCE ACADEMY COLUMBUS HIGH SCHOOL - 1070 MORSE ROAD - COLUMBUS, OH 43229	31-1657839		25,000.	0.		
SEAFOOD NUTRITION PARTNERSHIP 1001 19TH STREET N. SUITE 1200 ARLINGTON, VA 22209	90-0948097	501(C)(3)	25,000.	0.		
SONOMA COUNTY REGIONAL PARKS FOUNDATION - 2300 COUNTY CENTER DRIVE #120A - SANTA ROSA, CA 95403	68-0421813	501(C)(3)	22,500.	0.		
HASKELL FOUNDATION 155 INDIAN AVENUE #5019 LAWRENCE, KS 66046	48-0988099		21,480.	0.		
DUKE UNIVERSITY 2200 W. MAIN STREET STE 710 DURHAM, NC 27705	56-0532129	501(C)(3)	20,134.	0.		
WESTSIDE ATLANTA CHARTER SCHOOL 2250 PERRY BLVD ATLANTA, GA 30318	56-2470547	501(C)(3)	20,000.	0.		
CENTRO CRIOLLO DE CIENCIA Y TECNOLOGIA DEL CARIBE, INC - AVE GAUTIER BENITEZ 59 - CAGUAS, PR 00725	64-0539145	501(C)(3)	20,000.	0.		
REEF CHECK FOUNDATION 5760 LINDERO CANYON ROAD #1116 WESTLAKE VILLAGE, CA 91362	94-3225675		20,000.	0.		

Schedule I (Form 990) NATIONAL MARINE SANCTUARY FOUNDATION						
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	rt 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 non-cash assis
CALIFORNIA MARINE SANCTUARY FOUNDATION - PO BOX 8346 - SANTA CRUZ, CA 95061	66-0703415	501(C)(3)	20,000.	0.		
BOYS & GIRLS CLUB OF THE GULF COAST - PO BOX 2804 - GULFPORT, MS 39503	95-4858649	501(C)(3)	20,000.	0.		
APPLIED EDUCATION FOUNDATION 552 HASTINGS AVENUE PORT TOWNSEND, WA 98368	45-1347194	501(C)(3)	20,000.	0.		
MIDMICHIGAN COLLEGE 1375 SOUTH CLARE AVENUE HARRISON, MI 48706	38-1812272	501(C)(3)	19,855.	0.		
WAGNER COMMUNITY SCHOOL 101 WALNUT AVENUE SW WAGNER, SD 57380		501(C)(3)	19,844.	0.		
PURPLE MAIA FOUNDATION 98-820 MOANALUA ROAD 15-547 AIEA, HI 96701	46-4326249	501(C)(3)	19,800.	0.		
SAVANNAH STATE UNIVERSITY BOX 20267 SSU SAVANNAH, GA 31404	58-6002069	501(C)(3)	19,766.	0.		
NEW YORK STATE MARINE EDUCATION ASSOCIATION - C/O MERCY COLLEGE, 555 BROADWAY - DOBBS FERRY, NY 10522	71-0988081	501(C)(3)	19,750.	0.		
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE, MC 0210 LA JOLLA, CA 92093	95-6006144		19,180.	0.		
		P = 1 ( 0 / ( 1 /	15,200.	٠.	L	

Schedule I (Form 990) NATIONAL MARINE SANCTUARY FOUNDATION						
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 non-cash assis
FLORIDA SEA BASE - BOY SCOUTS OF AMERICA -BRINTON CENTER - 23800 OVERSEAS HIGHWAY - SUMMERLAND KEY, FL 33042	22-1576300	501 (C) (3)	18,000.	0.		
WHALE AND DOLPHIN CONSERVATION 7 NELSON STREET PLYMOUTH, MA 02360	02-0749188		17,998.	0.		
MARINE TECHNOLOGY SOCIETY INC. (MTS) - ONE THOMAS CIRCLE; SUITE 700 - WASHINGTON, DC 20005	52-0805471		10,010.	0.		
ENVIRONMENTAL SCIENCE CENTER 126 SW 148TH STREET, SUITE C100-90 BURIEN, WA 98166	91-2010658	501(C)(3)	10,000.	0.		
NATIONAL MARINE EDUCATORS ASSOCIATION - 50 FURBISH ROAD - WELLS, ME 04090	01-0412164	501(C)(3)	10,000.	0.		
OCEAN RESEARCH COLLEGE ACADEMY AT EVERTT COMMUNITY COLLEGE - 1205 CRAFTSMAN WAY SUITE 203 - EVERETT, WA 98201	86-1303144	501(C)(3)	7,500.	0.		
BLACK IN MARINE SCIENCE 522 W RIVERSIDE AVE SUITE N SPOKANE, WA 99201	91-0759103	501(C)(3)	7,500.	0.		
UNIVERSITY OF MIAMI - ROSENSTIEL SCHOOL OF MARINE AND ATMOSPHERIC SCIENCE - PO BOX 405803 - ATLANTA, GA 30384	59-0624458	501(C)(3)	7,500.	0.		
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER ST., CUB 303 LOS ANGELES, CA 90089	95-1642394		7,500.	0.		

Schedule I (Form 990) NATIONAL MARINE SANCTUARY FOUNDATION						
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 non-cash assis
UNIVERSITY OF MARYLAND EASTERN SHORE - 1103 CARVER HALL, 1 COLLEGE BACKBONE ROAD - PRINCESS						
ANNE, MD 21853	52-1667682	501(C)(3)	7,200.	0.	-	<u> </u>
PACIFIC COASTAL RESEARCH & PLANNING - PMB 140 PO BOX 10001 - SAIPAN, MP 96950	66-0880152	501(C)(3)	6,752.	0.		
THE MARINE MAMMAL CENTER 2000 BUNKER ROAD	54 0144424	-22.42.42.	6.850			
SAUSALITO, CA 94965	51-0144434	501(C)(3)	6,750.	0.	<del> </del>	
PACIFIC WHALE FOUNDATION 300 MA'ALAEA ROAD						
WAILUKU, HI 96793	99-0207417	501(C)(3)	6,459.	0.		

NATIONAL MARINE SANCTUARY FOUNDATION Schedule I (Form 990) 2023 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III 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)	

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

332102 11-01-23

MATERIALS CONNECTED WITH THE ACTIVITIES FUNDED BY THE FOUNDATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: REEF RENEWAL USA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: MISSION ICONIC REEFS CORAL

RESTORATION CAPACITY BUILDING - CORAL BLEACHING EMERGENCY RESPONSE

NAME OF ORGANIZATION OR GOVERNMENT: LEHIGH UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: CONNECTIVITY OF MESOPHOTIC AND

DEEP-SEA CORAL POPULATIONS IN THE NORTHEASTERN GULF OF MEXICO

NAME OF ORGANIZATION OR GOVERNMENT: MOODY GARDENS

(H) PURPOSE OF GRANT OR ASSISTANCE: GULF MESOPHOTIC AND DEEP BENTHIC

COMMUNITIES TECHNICAL DIVING OPERATIONS AND COORDINATION

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF LOUISIANA, LAFAYETTE

(H) PURPOSE OF GRANT OR ASSISTANCE: BETTER LATE THAN NEVER: REVISITING

PAST DATA AND CREATING A CURRENT BASELINE FOR POST-DEEPWATER HORIZON

SPILL RESTORATION IN THE DEEP GULF OF MEXICO.

NAME OF ORGANIZATION OR GOVERNMENT: SECORE INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TOWARDS A US PACIFIC IMPLEMENTATION

NETWORK FOR CORAL LARVAL PROPAGATION FOR RESTORATION AND ENHANCEMENT

NAME OF ORGANIZATION OR GOVERNMENT: SEA RESEARCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY ECOLOGY IN SUPPORT OF

MANAGEMENT FOR STELLWAGEN BANK AND OCEAN EXPLORATION ADVENTURE

NATIONAL MARINE SANCTUARY

Schedule I (Form 990)

# 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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	, , , , , , , , , , , , , , , , , , , ,			
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	,,,,,,, .			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, d Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of W	V-2 and/or 1099-MISO compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		
(1) VERONICA ALI	(i)	159,719.	6,250.	0.	4,979.	1,284.	
VICE PRESIDENT OF FINANCE	(ii)	0.	0.	0.	0.	0.	
(2) ALLISON ALEXANDER	(i)	129,279.	5,000.	0.	4,331.	15,726.	
VICE PRESIDENT OF PROGRAM	(ii)	0.	0.	0.	0.	0.	
(3) CAROL KING	(i)	97,346.	0.	42,692.	4,232.	6,697.	
CHIEF OF STAFF (UNTIL 11/2023)	(ii)	0.	0.	0.	0.	0.	
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						$\top$
	(i)						$\top$
	(ii)						$\top$
	(i)						$\top$
	(ii)						$\top$
	(i)						$\top$
	(ii)						$\top$
	(i)						$\top$
	(ii)						$\top$
	(i)						$\top$
	(ii)						$\top$
	(i)						$\top$
	(ii)						$\top$
	(i)						$\top$
	(ii)						$\top$

Schedule J (Form 990) 2023 NATIONAL MARINE SANCTUARY FOUNDATION
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 page
PART I, LINE 4A:
DURING THE YEAR, CAROL KING RECEIVED \$34,154 OF SEVERENCE PAY.
PART I, LINE 7:
BONUSES WERE MERIT BASED AND THE FOLLOWING EMPLOYEES RECEIVED BONUSES:
VERONICA ALI \$6,250
ALLISON ALEXANDER \$5,000
SHANNON COLBERT \$5,000
GINAIA KELLY \$10,156
MATTHEW MCINTOSH \$2,654
KRISTEN SARRI \$12,998

# SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

Par	tl Ty	pes 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 de noncash contribu		ts
1	Art - Works	s of art						
2	Art - Histor	rical treasures						
3		onal interests						
4	Books and	publications						
5		nd household goods						
6	Cars and o	other vehicles						
7	Boats and	planes						
8	Intellectua							
9	Securities	- Publicly traded	X	1	11,294.	FMV		
10	Securities	- Closely held stock						
11	Securities	- Partnership, LLC, or						
	trust intere	ests						
12	Securities	- Miscellaneous						
13	Qualified of	onservation contribution -						
	Historic st							
14	Qualified o	conservation contribution - Other						
15		e - Residential						
16		e - Commercial						
17		e - Other						
18		s						
19		ntory						
20		medical supplies						
21	Taxidermy							
22	Historical a							
23		specimens						
24	•	ical artifacts ( FOOD AND BEVERA )	X	18	15,822.	E-M-7		
25 26	Other Other	OTHER	X	9	9,020.	EW/		
27	Other				5,020.	IIIV		
28	Other	)						
29		Forms 8283 received by the organiz	zation durino	the tax vear for co	ontributions	1		
		the organization completed Form 82	-	•				
		<b>g</b>	, , -	g			Yes	No
30a	During the	year, did the organization receive by	v contributio	n any property rep	orted in Part I, lines 1 throug	th 28, that it		
		for at least 3 years from the date of						
		rposes for the entire holding period?			•		30a	Х
b	If "Yes," de	escribe the arrangement in Part II.						
31		organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard contribu	tions?	31	Х
32a	Does the c	organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
	contributio	ons?					32a	X
b	If "Yes," de	escribe in Part II.						
33	If the organ	nization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked,		
	describe ir	n Part II.						

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

Schedule M (Form 990) 2023

332142 09-11-23

Schedule M (Form 990) 2023

### 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 for the latest information.

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

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

AND PRESERVE AMERICA'S MARITIME RESOURCES.

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

ENGAGE SURROUNDING COMMUNITIES AND STAKEHOLDERS IN THE STEWARDSHIP OF

SANCTUARIES, 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.

IN 2023, THE NATIONAL MARINE SANCTUARY FOUNDATION IN CLOSE PARTNERSHIP
WITH NOAA FISHERIES, HOSTED THE SECOND ANNUAL TRAININGS FOR MEMBERS OF
THE LARGE WHALE ENTANGLEMENT RESPONSE NETWORK IN MONTEREY BAY AND
CHANNEL ISLANDS NMS. THESE TRAININGS ARE CRITICAL FOR PREPARING FOR THE
HIGH SEASON OF EMERGENCY RESCUES AND INCLUDE ON-THE-WATER VESSEL
OPERATIONS WHERE RESPONDERS ARE ABLE TO PRACTICE VALUABLE SKILLS WHILE
SIMULATING REAL-WORLD RESCUE SCENARIOS TO PRACTICE SAFETY AND REDUCE

RISK. THE FOUNDATION ALSO ACHIEVED SIGNIFICANT PROGRESS IN TESTING

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

**Employer identification number** 

Name of the organization 94-3370994 NATIONAL MARINE SANCTUARY FOUNDATION FISHING GEAR INNOVATIONS IN PARTNERSHIP WITH CALIFORNIA FISHERMEN, WHICH COULD OFFER SOLUTIONS TO REDUCE WHALE ENTANGLEMENT RISK WHILE ALLOWING FISHING TO CONTINUE. THESE TRIALS ARE VITAL FOR ASSESSING THE GEAR'S PERFORMANCE AND FEASIBILITY IN REAL-WORLD CONDITIONS AND FOR OBTAINING FEEDBACK ON HOW TO IMPROVE AND REFINE THE GEAR TO MEET SPECIFIC NEEDS. TO DATE, FISHERMEN HAVE CARRIED OUT OVER 400 TRIALS WITH THREE DIFFERENT SYSTEMS, ACHIEVING A 98% RETRIEVAL SUCCESS RATE

(BASED ON PRELIMINARY ANALYSIS OF DATA).

MARINE DEBRIS REMOVAL FROM BOTH UNDERWATER AND SHORELINE HABITATS IS AN EXPANDING PROGRAM FOR THE FOUNDATION. IN 2023, THE FOUNDATION AND ITS PARTNERS REMOVED 92,591 POUNDS OF DEBRIS UNDER THE FOUNDATION'S TWO COMMUNITY-BASED DEBRIS REMOVAL PROGRAMS: GOAL: CLEAN SEAS FLORIDA KEYS AND CHANNEL ISLANDS MARINE DEBRIS REMOVAL PROGRAM IN THE FLORIDA KEYS AND CHANNEL ISLANDS (AS OF DEC. 2023). IN THE CHANNEL ISLANDS, THE FOUNDATION CONTINUES TO WORK WITH LOCAL COMMERCIAL LOBSTER FISHERS, LOCAL NONPROFIT PARTNERS, TOURISM COMPANIES, UNIVERSITIES, AND THE CHANNEL ISLANDS NATIONAL MARINE SANCTUARY AND NATIONAL PARK SERVICE STAFF TO CONDUCT SHORELINE CLEANUPS ON THE REMOTE BEACHES OF THE CHANNEL ISLANDS. ADDITIONALLY, THE FOUNDATION HAS EXPANDED ITS MARINE DEBRIS PROGRAM THROUGH A MULTI-YEAR EFFORT, INITIATED IN 2023, TO REMOVE HUNDREDS OF TONS OF LARGE DEBRIS WHICH INCLUDES ABANDONED OR DERELICT VESSELS AND STRUCTURES, FROM FIVE NATIONAL MARINE SANCTUARIES.

THE NATIONAL MARINE SANCTUARY FOUNDATION IS SUPPORTING COMMUNITY PARTNERS ON RESTORATION INITIATIVES ACROSS THE COUNTRY TO REVERSE THE DEGRADATION AFFECTING MANY KEY HABITATS INCLUDING CORAL RESTORATION IN FLORIDA, GUAM, THE COMMONWEALTH OF NORTHERN MARIANA ISLANDS, HAWAII AND Schedule O (Form 990) 2023

**Employer identification number** Name of the organization 94-3370994 NATIONAL MARINE SANCTUARY FOUNDATION THE U.S. VIRGIN ISLANDS, DEEPWATER AND MESOPHOTIC CORAL COMMUNITIES IN THE GULF OF MEXICO AND SUBMERGED AQUATIC VEGETATION ALONG THE WEST SEVEN GRANTS WERE AWARDED TO SUPPORT CAPACITY-BUILDING EFFORTS COAST. FOR CORAL RESTORATION IN THE US PACIFIC. IN THE GULF OF MEXICO, THE FOUNDATION'S ROV WAS UPGRADED TO INCREASE ITS DEPTH CAPACITY FOR FURTHER RESEARCH ON MESOPHOTIC AND DEEP BENTHIC CORAL (MDBC) REEFS, AND AQUARIUM AND MUSEUM PARTNERS WERE SELECTED FOR THE MDBC EXHIBITS. PROGRESS WAS MADE IN A PROJECT TO STRENGTHEN THE SCIENCE AND COLLABORATIVE DECISION-MAKING TOOLS AND APPROACHES THAT CONTRIBUTE TO THE CONSERVATION AND MANAGEMENT OF NEARSHORE HABITATS THAT SUPPORT FOUNDATIONAL SUBMERGED AQUATIC VEGETATION. IN THE FACE OF THE HOTTEST DAYS IN RECORDED HISTORY AND AN UNPRECEDENTED MARINE HEATWAVE THAT RESULTED IN CORAL BLEACHING EVENTS AND WIDESPREAD CORAL MORTALITY, THE FOUNDATION MOBILIZED AN EMERGENCY RESPONSE WITH NOAA AND CORAL RESTORATION PARTNERS TO SUPPORT A MULTI-FACETED APPROACH FOR CORAL RESCUE AND RECOVERY AT KEY REEF SITES AND CORAL NURSERES IN THE FLORIDA KEYS. EFFORTS CONTINUE TO RESCUE AT-RISK CORALS, RELOCATE THEM TO LAND-BASED FACILITIES OR TO DEEPER AND COOLER WATERS, AND PRESERVE ENDANGERED AND THREATENED CORALS GENETICS THAT CAN SEED FUTURE RESTORATION. THE FOUNDATION MOBILIZED FUNDERS AND COMMUNITY RESTORATION PARTNERS TO RESCUE AND RELOCATE MORE THAN 12,000 CORALS SINCE THE START OF THE MARINE HEATWAVE.

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

NATIONAL MARINE SANCTUARY FOUNDATION

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 HELP 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 ACOUSTICS PROJECT WAS

EXPANDED TO HAWAII IN 2023.

THE FOUNDATION SUPPORTS THE 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; MAINTAINS OCEANOGRAPHIC AND HYDROGRAPHIC SURVEY INSTRUMENTS, AND CONDUCTS TECHNICAL DATA PROCESSING OPERATIONS THIS DATA IS MADE AVAILABLE TO THE PUBLIC AND PARTNERS FOR QUERIES AND ANALYSIS. THE FOUNDATION BEGAN IDENTIFYING LOCAL MASSACHUSETTS FISHING CHARTERS, PROJECT MANAGERS, AND SIDE SCAN SONAR EQUIPMENT TO USE IN A UNIQUE PROJECT INTENDED TO MAP STELLWAGEN BANK NATIONAL MARINE SANCTUARY FOR DETERMINING POTENTIAL LOCATIONS OF HISTORIC SHIPWRECKS TO AVOID IN RENEWABLE ENERGY SITE DETERMINATION. 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

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

IN HAWAIIAN ISLANDS HUMPBACK WHALE NATIONAL MARINE SANCTUARY,

VOLUNTEERS TALLY HUMPBACK WHALE SIGHTINGS AND DOCUMENT THE ANIMALS'

SURFACE BEHAVIOR DURING THE SURVEY. IN 2023, OVER THE THREE OCEAN COUNT

AND PARTNER EVENTS, NEARLY 1,000 VOLUNTEER COMMUNITY SCIENTISTS COUNTED

2,705 WHALES ACROSS THE STATE OF HAWAII. DATA COLLECTED COMBINED WITH

OTHER RESEARCH EFFORTS CAN HELP REVEAL TRENDS IN HUMPBACK WHALE

OCCURRENCE WITHIN AND AMONGST WHALE SEASONS.

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

AND STEWARDSHIP OF MARINE PROTECTED AREAS.

THE FOUNDATION LED EFFORTS TO CREATE THE FIRST-EVER NATIONAL MARINE

SANCTUARY DAY, A NATIONAL DAY OF CELEBRATION OF OUR PROTECTED WATERS IN

THE OCEAN AND GREAT LAKES THAT HOLD AMERICA'S SHARED MARITIME AND

ECOLOGICAL HERITAGE THAT IS HELD ANNUALLY ON OCTOBER 23. THE CAMPAIGN

INCLUDED NATIONAL MEDIA OP-EDS, TRENDING ON SOCIAL MEDIA, TAKE-ACTION

ALERTS, AND COMMUNITY VOICES UPLIFTING OUR NATIONAL MARINE SANCTUARY

STORIES CENTERED ON THE PEOPLE WHO MAKE THEM SPECTACULAR.

THE NATIONAL MARINE SANCTUARY FOUNDATION PARTICIPATED IN THE

BIDEN-HARRIS ADMINISTRATION'S INITIATIVE TO CREATE A NATIONAL OCEAN

JUSTICE STRATEGY, LED BY THE WHITE HOUSE COUNCIL ON ENVIRONMENTAL

QUALITY. AS A DELEGATE AND LEADING VOICE OF MARINE PROTECTED AREAS AND

SANCTUARIES, OUR COMMENTS WERE INCORPORATED INTO THE FINAL STRATEGY

ANNOUNCED IN DECEMBER 2023 AT COP28.

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

 Schedule O (Form 990) 2023
 Page 2

**Employer identification number** Name of the organization 94-3370994 NATIONAL MARINE SANCTUARY FOUNDATION 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 SANCTUARY VISITOR CENTERS, ZOOS, AND AQUARIUMS ACROSS THE COUNTRY. AS PART OF REINVIGORATING SUSTAINABLE RECREATION INITIATIVES IN THE NATIONAL MARINE SANCTUARY SYSTEM, THE FOUNDATION INITIATED A PUBLIC-PRIVATE PARTNERSHIP TO SUPPORT FAMILY FISHING CLINICS, PILOTED IN THREE NATIONAL MARINE SANCTUARIES IN 2023, WITH 100 PARTICIPANTS, THE MAJORITY (68%) WHO HAD NEVER VISITED THEIR LOCAL NATIONAL MARINE SANCTUARY, BUT NEARLY ALL (98%) STATING THEY PLAN TO RETURN.

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,

INFORMED, SCIENCE-BASED DIALOGUE ON THE VALUE OF MARINE PROTECTED AREAS

LIKE NATIONAL MARINE SANCTUARIES. THE FOUNDATION ALSO SUPPORTS PROJECTS

NATIONAL MARINE SANCTUARY FOUNDATION

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 ITS OCEAN ODYSSEY GRANTS 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 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 14 STATES AND 3 TERRITORIES SINCE INCEPTION, 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 SANCTUARIES, BY PROPOSING AND IMPLEMENTING A SCHOOL- OR

COMMUNITY-BASED CONSERVATION PROJECT ALONG FIVE DISTINCT PROJECT

<u>Schedule O (Form 990) 2023</u> Page **2** 

PATHWAYS WITH MEASURABLE OUTCOMES THAT EXCEED 180 THOUSAND POUNDS OF

TRASH COLLECTED, 44,000 REUSABLE BAGS AND BOTTLES DISTRIBUTED, AND MORE

THAN 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. NEARLY 90,000

STUDENTS, MORE THAN HALF FROM TITLE I SCHOOLS, HAVE PARTICIPATED SINCE

THE INCEPTION OF THE PROGRAM, ALONG WITH APPROXIMATELY 3,600 EDUCATORS.

THE FOUNDATION ALSO CONDUCTS CAPITOL HILL OCEAN WEEK (CHOW) THE PREMIER

OCEAN-FOCUSED CONFERENCE IN THE U.S., OFFERED BOTH IN-PERSON AND

VIRTUAL IN 2023, 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 4D, OTHER PROGRAM SERVICES:

MISSION SUPPORT:

Name of the organization

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

**Employer identification number** 

<u>Schedule O (Form 990) 2023</u> Page **2** 

NATIONAL MARINE SANCTUARY FOUNDATION

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

BY RETURNING CORAL COVER AT TARGET REEF SITES TO A SELF-SUSTAINING

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

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
332212 11-14-23

Schedule O (Form 990) 2023

LEVEL.

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

PROJECT IS TO ERADICATE INVASIVE MANGROVE SPECIES FROM THIS MARINE

PROTECTED AREA BY 2022, THE 100TH ANNIVERSARY OF THEIR INTRODUCTION TO

THE STATE, AND REPLACE THE INVASIVES WITH NATIVE PLANTS, WHICH IN TURN

HELPS BRING BACK NATIVE WILDLIFE TO THE RESERVE AS WELL. THE FOUNDATION

WORKS WITH THE KEY HAWAIIAN PARTNERS WHO MANAGE THE HE'EIA NERR ON THIS

PROJECT.

EXPENSES \$ 2,627,184. INCLUDING GRANTS OF \$ 53,596. 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

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.

Schedule O (Form 990) 2023

15170903 745960 24064

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number 94-3370994

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 2023.

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

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

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.

Schedule O (Form 990) 2023

15170903 745960 24064

Name of the organization **Employer identification number** NATIONAL MARINE SANCTUARY FOUNDATION 94-3370994 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 IX, LINE 11G, OTHER FEES: SURVEY: PROGRAM SERVICE EXPENSES 322,808. MANAGEMENT AND GENERAL EXPENSES 27,479. 5,609. FUNDRAISING EXPENSES

Schedule O (Form 990) 2023

355,896.

TOTAL EXPENSES

Schedule O (Form 990) 2023  Name of the organization	Employer identification number
NATIONAL MARINE SANCTUARY FOUNDATION  CONSTRUCTION DESIGN FEES:	94-3370994
PROGRAM SERVICE EXPENSES	52,884.
MANAGEMENT AND GENERAL EXPENSES	4,502.
FUNDRAISING EXPENSES	919.
TOTAL EXPENSES	58,305.
TRANSLATION SERVICES:	
PROGRAM SERVICE EXPENSES	15,087.
MANAGEMENT AND GENERAL EXPENSES	1,284.
FUNDRAISING EXPENSES	262.
TOTAL EXPENSES	16,633.
RECRUITMENT:	
PROGRAM SERVICE EXPENSES	266,457.
MANAGEMENT AND GENERAL EXPENSES	22,682.
FUNDRAISING EXPENSES	4,630.
TOTAL EXPENSES	293,769.
OTHER CONSULTING FEE:	
PROGRAM SERVICE EXPENSES	2,675,519.
MANAGEMENT AND GENERAL EXPENSES	184,215.
FUNDRAISING EXPENSES	37,599.
TOTAL EXPENSES	2,897,333.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,621,936.
PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Schedule O (Form 990) 2023