

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2023 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**  
**NATIONAL MARINE SANCTUARY FOUNDATION**  
**Doing business as**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**8455 COLESVILLE ROAD 1275**  
 City or town, state or province, country, and ZIP or foreign postal code  
**SILVER SPRING, MD 20910**

**D Employer identification number**  
**94-3370994**

**E Telephone number**  
**(301)608-3040**

**F Name and address of principal officer: JOEL JOHNSON**  
**SAME AS C ABOVE**

**G Gross receipts \$** **23,911,126.**

**H(a) Is this a group return for subordinates?**  Yes  No  
**H(b) Are all subordinates included?**  Yes  No  
 If "No," attach a list. See instructions

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** **WWW.MARINESANCTUARY.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other

**L Year of formation:** **2000**

**M State of legal domicile:** **MI**

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 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)	4	16
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	81
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		15,356,781.	21,592,928.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		176,757.	160,203.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		428,687.	39,907.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-8,671.	-164,958.
12		15,953,554.	21,628,080.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,414,440.	7,269,711.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,755,888.	6,509,943.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	41,571.	33,524.
	b Total fundraising expenses (Part IX, column (D), line 25)	527,824.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,471,606.	8,908,384.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,683,505.	22,721,562.	
19 Revenue less expenses. Subtract line 18 from line 12	-729,951.	-1,093,482.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,308,887.	9,575,940.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,468,272.	4,189,707.
22	5,840,615.	5,386,233.	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Veronica Ali* Date: **9.5.24**  
**VERONICA ALI, VICE PRESIDENT OF FINANCE**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **RICHARD J. LOCASTRO, CPA** Preparer's signature: *Richard J. Locastro* Date: **09/03/2024** Check if self-employed:  PTIN: **P00288314**  
 Firm's name: **GELMAN, ROSENBERG & FREEDMAN** Firm's EIN: **52-1392008**  
 Firm's address: **4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930** Phone no.: **301-951-9090**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2023

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NATIONAL MARINE SANCTUARY FOUNDATION</b>		<b>D</b> Employer identification number <b>94-3370994</b>
	Doing business as		<b>E</b> Telephone number <b>(301)608-3040</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>8455 COLESVILLE ROAD</b>		<b>G</b> Gross receipts \$ <b>23,911,126.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SILVER SPRING, MD 20910</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>F</b> Name and address of principal officer: <b>JOEL JOHNSON</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.MARINESANCTUARY.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>2000</b> <b>M</b> State of legal domicile: <b>MI</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>81</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>20</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 15,356,781.	<b>Current Year</b> 21,592,928.
	<b>9</b> Program service revenue (Part VIII, line 2g)	176,757.	160,203.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	428,687.	39,907.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,671.	-164,958.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,953,554.	21,628,080.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,414,440.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,755,888.	6,509,943.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		41,571.	33,524.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		527,824.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,471,606.	8,908,384.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,683,505.	22,721,562.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-729,951.	-1,093,482.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 10,308,887.	<b>End of Year</b> 9,575,940.
	<b>21</b> Total liabilities (Part X, line 26)	4,468,272.	4,189,707.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	5,840,615.	5,386,233.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<b>VERONICA ALI, VICE PRESIDENT OF FINANCE</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD J. LOCASTRO, CPA</b>	Preparer's signature <i>Richard J. Locastro</i>	Date <b>09/03/2024</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00288314</b>
	Firm's name <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Firm's EIN <b>52-1392008</b>	Firm's address <b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>	Phone no. <b>301-951-9090</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [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? [ ] 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.



Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), and various other IRS filing requirements (10-17).

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 16; 1b Enter the number of voting members included on line 1a... 16; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
VERONICA ALI - (301)608-3040
8455 COLESVILLE ROAD, 1275, SILVER SPRING, MD 20910



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VERONICA ALI VICE PRESIDENT OF FINANCE	40.00			X			165,969.	0.	6,263.	
(2) ALLISON ALEXANDER VICE PRESIDENT OF PROGRAM	40.00				X		134,279.	0.	20,057.	
(3) CAROL KING CHIEF OF STAFF (UNTIL 11/2023)	40.00				X		140,038.	0.	10,929.	
(4) SHANNON COLBERT VICE PRESIDENT OF EXTERNAL	40.00				X		125,930.	0.	4,919.	
(5) JOEL JOHNSON PRESIDENT & CEO (FROM 07/23)	40.00			X			115,921.	0.	2,097.	
(6) GINAIA KELLY MB CHAPTER DIRECTOR	40.00				X		111,845.	0.	4,384.	
(7) MATTHEW MCINTOSH VISUAL INFORMATION SPECIAL	40.00				X		108,968.	0.	4,270.	
(8) SUSANNA KONDRACKI CH-CHAIR	1.00	X		X			0.	0.	0.	
(9) MARK MCDADE CH-CHAIR	1.00	X		X			0.	0.	0.	
(10) MARTIN PETERS TREASURER	1.00	X		X			0.	0.	0.	
(11) LAURA ZAGAR SECRETARY	1.00	X		X			0.	0.	0.	
(12) BARBARA BIRDSEY DIRECTOR	0.50	X					0.	0.	0.	
(13) DANE NICHOLS DIRECTOR	0.50	X					0.	0.	0.	
(14) DAWN RODNEY DIRECTOR	0.50	X					0.	0.	0.	
(15) ELIZABETH CREGO DIRECTOR	0.50	X					0.	0.	0.	
(16) GARY DEMASI DIRECTOR	0.50	X					0.	0.	0.	
(17) HEATHER LUDERMANN DIRECTOR	0.50	X					0.	0.	0.	

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

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

**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 9

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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) Compensation
PRECON EVENTS, INC., 11910 PARKLAWN DRIVE, SUITE T, ROCKVILLE, MD 20852	PROFESSIONAL EVENT PRODUCTION	342,310.
TRADE CENTER MANAGEMENT ASSOCIATES, 1300 PENNSYLVANIA AVENUE, NW, WASHINGTON, DC	VENUE SITE FOR CONFERENCE AND EVENT	226,249.
KOYA LEADERSHIP PARTNERS LLC, 20005 MARKET STREET; SUITE 3300, PHILADELPHIA, 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 above) who received more than \$100,000 of compensation from the organization 6

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>	15,000.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	479,719.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	19,053,062.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,045,147.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 36,136.				
	<b>h Total.</b> Add lines 1a-1f			21,592,928.			
Program Service Revenue	<b>2 a</b> VESSEL OPERATIONS	<b>Business Code</b>	900099	152,539.	152,539.		
	<b>b</b> REGISTRATION FEES		900099	7,664.	7,664.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			160,203.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			101,458.		101,458.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			5,403.		5,403.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	18,594.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		18,594.			
	<b>d</b> Net rental income or (loss)			18,594.		18,594.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	1,870,277.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		1,931,828.			
<b>c</b> Gain or (loss)	<b>7c</b>		-61,551.				
<b>d</b> Net gain or (loss)			-61,551.		-61,551.		
<b>8 a</b> Gross income from fundraising events (not including \$ 479,719. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		82,100.				
			326,890.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			-244,790.		-244,790.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		78,611.				
			24,328.				
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory			54,283.	54,283.			
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS	<b>Business Code</b>	900099	1,552.		1,552.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			1,552.			
<b>12 Total revenue.</b> 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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,269,711.	7,269,711.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	290,251.	29,505.	231,241.	29,505.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	5,120,072.	3,638,951.	1,240,003.	241,118.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	118,871.	84,094.	28,584.	6,193.
<b>9</b> Other employee benefits .....	525,341.	358,477.	140,952.	25,912.
<b>10</b> Payroll taxes .....	455,408.	309,222.	123,416.	22,770.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	19,029.	20.	19,009.	
<b>c</b> Accounting .....	183,457.	106,887.	74,800.	1,770.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	33,524.			33,524.
<b>f</b> Investment management fees .....	42,322.		42,322.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	3,621,936.	3,332,755.	240,162.	49,019.
<b>12</b> Advertising and promotion .....	234,136.	166,776.	64,671.	2,689.
<b>13</b> Office expenses .....	486,880.	456,066.	27,670.	3,144.
<b>14</b> Information technology .....	1,132,921.	833,907.	285,980.	13,034.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	526,795.	373,062.	153,733.	
<b>17</b> Travel .....	790,763.	680,692.	96,676.	13,395.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	697,085.	657,185.		39,900.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	34,245.	31,626.	2,619.	
<b>23</b> Insurance .....	17,391.	1,889.	15,502.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>EQUIP., RENTAL &amp; MAINT.</u> .....	311,846.	270,215.	41,335.	296.
<b>b</b> <u>EXHIBITS AND KIOSKS</u> .....	237,505.	222,506.		14,999.
<b>c</b> <u>VESSEL OPERATIONS</u> .....	176,139.	176,139.		
<b>d</b> <u>MISCELLANEOUS EXPENSES</u> .....	158,778.	70,555.	82,820.	5,403.
<b>e</b> All other expenses .....	237,156.	183,510.	28,493.	25,153.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	22,721,562.	19,253,750.	2,939,988.	527,824.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**

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

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

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,628,080.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,721,562.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,093,482.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,840,615.
5	Net unrealized gains (losses) on investments	5	639,101.
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	5,386,234.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2023)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization <b>NATIONAL MARINE SANCTUARY FOUNDATION</b>	Employer identification number <b>94-3370994</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9643488.	9348867.	11737356.	15356781.	21592928.	67679420.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9643488.	9348867.	11737356.	15356781.	21592928.	67679420.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						67679420.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	9643488.	9348867.	11737356.	15356781.	21592928.	67679420.
<b>8</b> 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.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> 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.
<b>11 Total support.</b> Add lines 7 through 10						68671034.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	817,050.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	98.56	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	98.14	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section 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 (reasonable 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	<b>Total</b> 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	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

**NATIONAL MARINE SANCTUARY FOUNDATION**

Employer identification number

**94-3370994**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization  <b>NATIONAL MARINE SANCTUARY FOUNDATION</b>	Employer identification number  <b>94-3370994</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>15,858,463.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,451,973.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>NATIONAL MARINE SANCTUARY FOUNDATION</b>	Employer identification number  <b>94-3370994</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



Name of organization  <b>NATIONAL MARINE SANCTUARY FOUNDATION</b>	Employer identification number  <b>94-3370994</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		3,158.
<b>j</b> Total. Add lines 1c through 1i .....			3,158.
<b>2a</b> 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 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE FOUNDATION'S LOBBYING ACTIVITIES SUPPORT ONLINE MAILING ADVOCACY

TOOLS THAT SEND LETTERS DIRECTLY TO LEGISLATORS AND OTHER ELECTED

OFFICIALS, HOSTING ONLINE HILL FLY-IN MEETINGS AND DISTRICT DAY EVENTS

THAT ENABLE THE FOUNDATION TO CONNECT BUSINESSES AND COMMUNITY LEADERS

TO THEIR ELECTED OFFICIALS TO VOICE THEIR SUPPORT FOR SANCTUARIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and non-certified historic structures), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and a table for revenue and assets included.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,103,404.	5,206,644.	4,934,320.	4,906,353.	4,769,537.
b Contributions		10,042.	10,466.	10,027.	73,488.
c Net investment earnings, gains, and losses	636,685.	-887,621.	391,136.	480,678.	568,195.
d Grants or scholarships					
e Other expenditures for facilities and programs		225,661.	117,083.	261,275.	434,484.
f Administrative expenses			12,195.	201,463.	70,383.
g End of year balance	4,740,089.	4,103,404.	5,206,644.	4,934,320.	4,906,353.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
  - b Permanent endowment .0000 %
  - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		22,455.	8,017.	14,438.
d Equipment		282,959.	277,337.	5,622.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				20,060.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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 or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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)	
<b>Total.</b> (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, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	2,064,115.
(3) REFUNDABLE ADVANCES	97,990.
(4) AMOUNTS HELD FOR OTHERS	142,006.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,304,111.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	22,584,692.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	639,101.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	8,616.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	351,218.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	998,935.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	21,585,757.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	42,322.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	42,322.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	21,628,079.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	23,039,074.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	8,616.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	351,218.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	359,834.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	22,679,240.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	42,322.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	42,322.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	22,721,562.

**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.**

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

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

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

**Part XIII** Supplemental Information (continued)

PART XII, 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.

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

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

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

Multiple horizontal lines for additional entries.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Employer identification number

**NATIONAL MARINE SANCTUARY FOUNDATION**

**94-3370994**

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	5	PROGRAM SERVICES ACTIVITIES	SEE PART V FOR FULL DESCRIPTION	110,306.
CENTRAL AMERICA AND THE CARIBBEAN	0	9	PROGRAM SERVICES ACTIVITIES	SEE PART V FOR FULL DESCRIPTION	237,399.
SOUTH AMERICA	0	1	PROGRAM SERVICES ACTIVITIES	SEE PART V FOR FULL DESCRIPTION	34,907.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES ACTIVITIES	PROGRAM SERVICES ACTIVITIES	2,953.
<b>3 a</b> Subtotal .....	0	15			385,565.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	15			385,565.

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

Schedule F (Form 990) 2023



**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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Amount of cash assistance

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) D nonca

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  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  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  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  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  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  No

**Part V Supplemental Information**

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

**PART I, LINE 3, COLUMN (E):**

**REGION: EAST ASIA AND THE PACIFIC**

**(E) SPECIFIC TYPES OF SERVICES IN REGION: 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,**

**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 G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GREY DOG GROUP - 151 STERLING MANOR DRIVE #3110,	GRANT WRITING SUPPORT		X	213,114.	12,200.	200,914.
BLUE STATE - 7900 XERXES AVENUE, SOUTH, SUITE 980,	BOY CAMPAIGN		X	2,775.	21,324.	-18,549.
<b>Total</b>				215,889.	33,524.	182,365.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		OCEAN AWARDS GALA	SEA STARS BRUNCH	NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	395,219.	166,600.	561,819.
	2	Less: Contributions	337,019.	142,700.	479,719.
	3	Gross income (line 1 minus line 2)	58,200.	23,900.	82,100.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes		680.	680.
	6	Rent/facility costs	6,000.		6,000.
	7	Food and beverages	187,758.	24,120.	211,878.
	8	Entertainment		400.	400.
	9	Other direct expenses	98,579.	9,353.	107,932.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			326,890.
11	Net income summary. Subtract line 10 from line 3, column (d)			-244,790.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: GREY DOG GROUP

(I) ADDRESS OF FUNDRAISER:

151 STERLING MANOR DRIVE #3110, WILLIAMSBURG, VA 23185

(I) NAME OF FUNDRAISER: BLUE STATE

(I) ADDRESS OF FUNDRAISER:

7900 XERXES AVENUE, SOUTH, SUITE 980, MINNEAPOLIS, MN 55431

**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**Attach to Form 990.**

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

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 990 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance
MOTE MARINE LABORATORY. 1600 KEN THOMPSON PKWY SARASOTA, FL 34236	59-0756643	C CORP	949,202.	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**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
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 - 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.		
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.		



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
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.		

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
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 KANEHOE, 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	501(C)(3)	32,600.	0.		

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
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	501(C)(3)	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	501(C)(3)	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	501(C)(3)	20,000.	0.		

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
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	501(C)(4)	19,180.	0.		

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
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	501(C)(3)	17,998.	0.		
MARINE TECHNOLOGY SOCIETY INC. (MTS) - ONE THOMAS CIRCLE; SUITE 700 - WASHINGTON, DC 20005	52-0805471	501(C)(3)	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	501(C)(3)	7,500.	0.		

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
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** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)

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

**PART I, LINE 2:**

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

Part IV Supplemental Information

MATERIALS CONNECTED WITH THE ACTIVITIES FUNDED BY THE FOUNDATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: CHANNEL ISLAND NATIONAL MARINE

SANCTUARYS COMMITMENT TO THE EXTENSION OF MS. GRACE KUMAISHI IN HER

CURRENT ROLE AS A 2023 CALIFORNIA SEA GRANT FELLOW

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA

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

INCREASING DEI PARTICIPATION IN STEM CAREERS: TRAINING SCIENTIFIC SCUBA

DIVERS

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**NATIONAL MARINE SANCTUARY FOUNDATION**

Employer identification number

**94-3370994**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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, 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

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

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part

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**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
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	X	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 ( <u>FOOD AND BEVERA</u> )	X	18	15,822.	FMV
26 Other ( <u>OTHER</u> )	X	9	9,020.	FMV
27 Other ( _____ )				
28 Other ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number

94-3370994

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

AND PRESERVE AMERICA'S MARITIME 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

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

Name of the organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
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THE U.S. VIRGIN ISLANDS, DEEPWATER AND MESOPHOTIC CORAL COMMUNITIES IN THE GULF OF MEXICO AND SUBMERGED AQUATIC VEGETATION ALONG THE WEST COAST. SEVEN GRANTS WERE AWARDED TO SUPPORT CAPACITY-BUILDING EFFORTS 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 NURSERIES 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

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

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

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

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

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

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

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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

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.

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.

Name of the organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
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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.
FUNDRAISING EXPENSES	5,609.
TOTAL EXPENSES	355,896.



Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

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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.

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

TAXABLE YEAR  
**2023**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>NATIONAL MARINE SANCTUARY FOUNDATION</b>	<b>94-3370994</b>

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	<b>23,911,126</b>
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	<b>21,954,970</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>23,048,452</b>
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

**Part II Settle Your Account Electronically for Taxable Year 2023**

6 <input type="checkbox"/> Direct Deposit of refund (Form 109 only.)		
7 <input type="checkbox"/> Electronic funds withdrawal	7a Amount	7b Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

**Part IV Banking Information** (Have you verified the exempt organization's banking information?)

10 Routing number	
11 Account number	12 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

<b>Sign Here</b>			
	Signature of officer	Date	<b>VICE PRESIDENT OF FINANCE</b>

**Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00288314</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	<b>GELMAN, ROSENBERG &amp; FREEDMAN</b> <b>4550 MONTGOMERY AVE SUITE 800N</b> <b>BETHESDA, MD</b>			Firm's FEIN <b>52-1392008</b> ZIP code <b>20814-2930</b>

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

<b>Paid Preparer</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	Firm's FEIN		
		ZIP code		

**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.

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](http://www.oag.ca.gov/charities)

**NATIONAL MARINE SANCTUARY FOUNDATION**

Name of Organization

List all DBAs and names the organization uses or has used

**8455 COLESVILLE ROAD, NO. 1275**

Address (Number and Street)

**SILVER SPRING, MD 20910**

City or Town, State, and ZIP Code

**ALLISON@MARINESANCTUARY**

**(301)608-3040**

Telephone Number

**.ORG**

E-mail Address

Check if:

- Change of address  
 Amended report  
 Organization requests email notifications

State Charity Registration Number **114481**

Corporation or Organization No. \_\_\_\_\_

Federal Employer ID No. **94-3370994**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2023 ending 12/31/2023) list:

Total Revenue (including noncash contributions) \$ 21,628,080 Noncash Contributions \$ 36,136 Total Assets \$ 9,575,940  
Program Expenses \$ 19,253,750 Total Expenses \$ 22,721,562

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? <b>SEE STATEMENT 5</b>	X	
5. During this reporting period, did the organization receive any governmental funding? <b>SEE STATEMENT 6</b>	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

**VERONICA ALI**

Printed Name

**VICE PRESIDENT OF  
FINANCE**

Title

Signature of Authorized Agent

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 REGARDING GOVERNMENTAL FUNDING  
PART B, LINE 5

STATEMENT 6

U. S. DEPARTMENT OF COMMERCE

\$15,858,463

NATIONAL FISH AND WILDLIFE FOUNDATION

\$2,451,973

MONROE COUNTY TOURIST DEVELOPMENT COUNCIL

\$307,914

ENVIRONMENTAL PROTECTION AGENCY

\$136,272

STATE DEPARTMENT

\$125,000

FISH & WILDLIFE SERVICE, DIVISION OF INTERNATIONAL AFFAIRS

\$96,889

CALIFORNIA DEPARTMENT OF PARKS & RECREATION

\$45,501

STATE OF CALIFORNIA NATURAL RESOURCES AGENCY

\$31,049

**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](http://www.irs.gov/Form8868) for the latest information.

**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](http://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 instructions.

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**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>NATIONAL MARINE SANCTUARY FOUNDATION</b>	Taxpayer identification number (TIN) <b>94-3370994</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>8455 COLESVILLE ROAD, 1275</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SILVER SPRING, MD 20910</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return 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
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• 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 **VERONICA ALI**  
**8455 COLESVILLE ROAD, 1275 - SILVER SPRING, MD 20910**

Telephone No. **(301) 608-3040** Fax 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 box . 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.

**1** 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:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2023

Do not enter social security numbers on this form as it may be made public.

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Department of the Treasury  
Internal Revenue Service

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

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NATIONAL MARINE SANCTUARY FOUNDATION</b>		<b>D</b> Employer identification number <b>94-3370994</b>
	Doing business as		<b>E</b> Telephone number <b>(301)608-3040</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>23,911,126.</b>
	<b>8455 COLESVILLE ROAD</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>SILVER SPRING, MD 20910</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>JOEL JOHNSON</b> <b>SAME AS C ABOVE</b>			If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.MARINESANCTUARY.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>2000</b> <b>M</b> State of legal domicile: <b>MI</b>

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>81</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>20</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>15,356,781.</b>	<b>21,592,928.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>176,757.</b>	<b>160,203.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>428,687.</b>	<b>39,907.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-8,671.</b>	<b>-164,958.</b>
		<b>15,953,554.</b>	<b>21,628,080.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,414,440.</b>	<b>7,269,711.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5,755,888.</b>	<b>6,509,943.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>41,571.</b>	<b>33,524.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>527,824.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>6,471,606.</b>	<b>8,908,384.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>16,683,505.</b>	<b>22,721,562.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-729,951.</b>	<b>-1,093,482.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>10,308,887.</b>	<b>9,575,940.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,468,272.</b>	<b>4,189,707.</b>
	<b>5,840,615.</b>	<b>5,386,233.</b>	

<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b>	Signature of officer	Date	
	<b>VERONICA ALI, VICE PRESIDENT OF FINANCE</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>RICHARD J. LOCASTRO, CPA</b>		
<b>Preparer Use Only</b>	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed PTIN
	<b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	<b>52-1392008</b>	<b>P00288314</b>
	Firm's address	Phone no.	
	<b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>	<b>301-951-9090</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [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? [ ] 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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, with 'X' marks in the Yes or No columns.

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.



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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
VERONICA ALI - (301)608-3040
8455 COLESVILLE ROAD, 1275, SILVER SPRING, MD 20910

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VERONICA ALI VICE PRESIDENT OF FINANCE	40.00			X			165,969.	0.	6,263.	
(2) ALLISON ALEXANDER VICE PRESIDENT OF PROGRAM	40.00				X		134,279.	0.	20,057.	
(3) CAROL KING CHIEF OF STAFF (UNTIL 11/2023)	40.00				X		140,038.	0.	10,929.	
(4) SHANNON COLBERT VICE PRESIDENT OF EXTERNAL	40.00				X		125,930.	0.	4,919.	
(5) JOEL JOHNSON PRESIDENT & CEO (FROM 07/23)	40.00			X			115,921.	0.	2,097.	
(6) GINAIA KELLY MB CHAPTER DIRECTOR	40.00				X		111,845.	0.	4,384.	
(7) MATTHEW MCINTOSH VISUAL INFORMATION SPECIAL	40.00				X		108,968.	0.	4,270.	
(8) SUSANNA KONDRACKI CH-CHAIR	1.00	X		X			0.	0.	0.	
(9) MARK MCDADE CH-CHAIR	1.00	X		X			0.	0.	0.	
(10) MARTIN PETERS TREASURER	1.00	X		X			0.	0.	0.	
(11) LAURA ZAGAR SECRETARY	1.00	X		X			0.	0.	0.	
(12) BARBARA BIRDSEY DIRECTOR	0.50	X					0.	0.	0.	
(13) DANE NICHOLS DIRECTOR	0.50	X					0.	0.	0.	
(14) DAWN RODNEY DIRECTOR	0.50	X					0.	0.	0.	
(15) ELIZABETH CREGO DIRECTOR	0.50	X					0.	0.	0.	
(16) GARY DEMASI DIRECTOR	0.50	X					0.	0.	0.	
(17) HEATHER LUDERMANN DIRECTOR	0.50	X					0.	0.	0.	

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

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

**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 9

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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) Compensation
PRECON EVENTS, INC., 11910 PARKLAWN DRIVE, SUITE T, ROCKVILLE, MD 20852	PROFESSIONAL EVENT PRODUCTION	342,310.
TRADE CENTER MANAGEMENT ASSOCIATES, 1300 PENNSYLVANIA AVENUE, NW, WASHINGTON, DC	VENUE SITE FOR CONFERENCE AND EVENT	226,249.
KOYA LEADERSHIP PARTNERS LLC, 20005 MARKET STREET; SUITE 3300, PHILADELPHIA, 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 above) who received more than \$100,000 of compensation from the organization 6

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	15,000.				
	<b>1 b</b>	Membership dues .....					
	<b>1 c</b>	Fundraising events .....	479,719.				
	<b>1 d</b>	Related organizations .....					
	<b>1 e</b>	Government grants (contributions) .....	19,053,062.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	2,045,147.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 36,136.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f .....	21,592,928.				
Program Service Revenue	<b>2 a</b>	VESSEL OPERATIONS	900099	152,539.	152,539.		
	<b>2 b</b>	REGISTRATION FEES	900099	7,664.	7,664.		
	<b>2 c</b>						
	<b>2 d</b>						
	<b>2 e</b>						
	<b>2 f</b>	All other program service revenue .....					
	<b>2 g</b>	<b>Total.</b> Add lines 2a-2f .....		160,203.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		101,458.		101,458.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....		5,403.		5,403.	
	<b>6 a</b>	Gross rents .....	(i) Real	18,594.			
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses ...		0.			
	<b>6 c</b>	Rental income or (loss)		18,594.			
	<b>6 d</b>	Net rental income or (loss) .....		18,594.		18,594.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	1,870,277.			
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses .....		1,931,828.			
<b>7 c</b>	Gain or (loss) .....		-61,551.				
<b>7 d</b>	Net gain or (loss) .....		-61,551.		-61,551.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 479,719. of contributions reported on line 1c). See Part IV, line 18 .....		82,100.				
			326,890.				
<b>8 b</b>	Less: direct expenses .....						
<b>8 c</b>	Net income or (loss) from fundraising events .....		-244,790.		-244,790.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
<b>9 b</b>	Less: direct expenses .....						
<b>9 c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....		78,611.				
			24,328.				
<b>10 b</b>	Less: cost of goods sold .....						
<b>10 c</b>	Net income or (loss) from sales of inventory .....		54,283.	54,283.			
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS	900099	1,552.		1,552.	
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue .....					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d .....		1,552.			
<b>12</b>	<b>Total revenue.</b> 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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,269,711.	7,269,711.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	290,251.	29,505.	231,241.	29,505.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	5,120,072.	3,638,951.	1,240,003.	241,118.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	118,871.	84,094.	28,584.	6,193.
<b>9</b> Other employee benefits .....	525,341.	358,477.	140,952.	25,912.
<b>10</b> Payroll taxes .....	455,408.	309,222.	123,416.	22,770.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	19,029.	20.	19,009.	
<b>c</b> Accounting .....	183,457.	106,887.	74,800.	1,770.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	33,524.			33,524.
<b>f</b> Investment management fees .....	42,322.		42,322.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	3,621,936.	3,332,755.	240,162.	49,019.
<b>12</b> Advertising and promotion .....	234,136.	166,776.	64,671.	2,689.
<b>13</b> Office expenses .....	486,880.	456,066.	27,670.	3,144.
<b>14</b> Information technology .....	1,132,921.	833,907.	285,980.	13,034.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	526,795.	373,062.	153,733.	
<b>17</b> Travel .....	790,763.	680,692.	96,676.	13,395.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	697,085.	657,185.		39,900.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	34,245.	31,626.	2,619.	
<b>23</b> Insurance .....	17,391.	1,889.	15,502.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>EQUIP., RENTAL &amp; MAINT.</u> .....	311,846.	270,215.	41,335.	296.
<b>b</b> <u>EXHIBITS AND KIOSKS</u> .....	237,505.	222,506.		14,999.
<b>c</b> <u>VESSEL OPERATIONS</u> .....	176,139.	176,139.		
<b>d</b> <u>MISCELLANEOUS EXPENSES</u> .....	158,778.	70,555.	82,820.	5,403.
<b>e</b> All other expenses .....	237,156.	183,510.	28,493.	25,153.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	22,721,562.	19,253,750.	2,939,988.	527,824.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

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

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,628,080.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,721,562.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,093,482.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,840,615.
5	Net unrealized gains (losses) on investments	5	639,101.
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	5,386,234.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
b	X	
c	X	
3a	X	
3b	X	

Form 990 (2023)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization <b>NATIONAL MARINE SANCTUARY FOUNDATION</b>	Employer identification number <b>94-3370994</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9643488.	9348867.	11737356.	15356781.	21592928.	67679420.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9643488.	9348867.	11737356.	15356781.	21592928.	67679420.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						67679420.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	9643488.	9348867.	11737356.	15356781.	21592928.	67679420.
<b>8</b> 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.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> 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.
<b>11 Total support.</b> Add lines 7 through 10						68671034.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	817,050.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	98.56	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	98.14	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.



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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section 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 (reasonable 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	<b>Total</b> 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	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**Part VI**

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

Horizontal lines for supplemental information input.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

**NATIONAL MARINE SANCTUARY FOUNDATION**

Employer identification number

**94-3370994**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization  <b>NATIONAL MARINE SANCTUARY FOUNDATION</b>	Employer identification number  <b>94-3370994</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>15,858,463.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,451,973.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>NATIONAL MARINE SANCTUARY FOUNDATION</b>	Employer identification number  <b>94-3370994</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>NATIONAL MARINE SANCTUARY FOUNDATION</b>	Employer identification number  <b>94-3370994</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		3,158.
<b>j</b> Total. Add lines 1c through 1i .....			3,158.
<b>2a</b> 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 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE FOUNDATION'S LOBBYING ACTIVITIES SUPPORT ONLINE MAILING ADVOCACY

TOOLS THAT SEND LETTERS DIRECTLY TO LEGISLATORS AND OTHER ELECTED

OFFICIALS, HOSTING ONLINE HILL FLY-IN MEETINGS AND DISTRICT DAY EVENTS

THAT ENABLE THE FOUNDATION TO CONNECT BUSINESSES AND COMMUNITY LEADERS

TO THEIR ELECTED OFFICIALS TO VOICE THEIR SUPPORT FOR SANCTUARIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for amounts required to be reported under FASB ASC 958.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,103,404.	5,206,644.	4,934,320.	4,906,353.	4,769,537.
b Contributions		10,042.	10,466.	10,027.	73,488.
c Net investment earnings, gains, and losses	636,685.	-887,621.	391,136.	480,678.	568,195.
d Grants or scholarships					
e Other expenditures for facilities and programs		225,661.	117,083.	261,275.	434,484.
f Administrative expenses			12,195.	201,463.	70,383.
g End of year balance	4,740,089.	4,103,404.	5,206,644.	4,934,320.	4,906,353.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
  - b Permanent endowment .0000 %
  - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		22,455.	8,017.	14,438.
d Equipment		282,959.	277,337.	5,622.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				20,060.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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 or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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)	
<b>Total.</b> (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, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	2,064,115.
(3) REFUNDABLE ADVANCES	97,990.
(4) AMOUNTS HELD FOR OTHERS	142,006.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,304,111.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...



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

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

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

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

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

1	Total expenses and losses per audited financial statements		1	23,039,074.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	8,616.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	351,218.	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,322.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		42,322.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	22,721,562.

**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.**

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

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

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



**Part XIII** Supplemental Information (continued)

PART XII, 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.

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

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

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

Multiple horizontal lines for additional entries.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization <b>NATIONAL MARINE SANCTUARY FOUNDATION</b>	Employer identification number <b>94-3370994</b>
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	5	PROGRAM SERVICES ACTIVITIES	SEE PART V FOR FULL DESCRIPTION	110,306.
CENTRAL AMERICA AND THE CARIBBEAN	0	9	PROGRAM SERVICES ACTIVITIES	SEE PART V FOR FULL DESCRIPTION	237,399.
SOUTH AMERICA	0	1	PROGRAM SERVICES ACTIVITIES	SEE PART V FOR FULL DESCRIPTION	34,907.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES ACTIVITIES	PROGRAM SERVICES ACTIVITIES	2,953.
<b>3 a</b> Subtotal .....	0	15			385,565.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	15			385,565.

**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	

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

3 Enter total number of other organizations or entities .....

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) D nonca

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  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  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  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  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  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  No

**Part V Supplemental Information**

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

**PART I, LINE 3, COLUMN (E):**

**REGION: EAST ASIA AND THE PACIFIC**

**(E) SPECIFIC TYPES OF SERVICES IN REGION: 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,**

**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 G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GREY DOG GROUP - 151 STERLING MANOR DRIVE #3110,	GRANT WRITING SUPPORT		X	213,114.	12,200.	200,914.
BLUE STATE - 7900 XERXES AVENUE, SOUTH, SUITE 980,	BOY CAMPAIGN		X	2,775.	21,324.	-18,549.
<b>Total</b>				215,889.	33,524.	182,365.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NY, OR, PA, RI, SC, TN, UT, VA, WV, WI, NJ, NM

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		OCEAN AWARDS GALA	SEA STARS BRUNCH	NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	395,219.	166,600.	561,819.
	2	Less: Contributions	337,019.	142,700.	479,719.
	3	Gross income (line 1 minus line 2)	58,200.	23,900.	82,100.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes		680.	680.
	6	Rent/facility costs	6,000.		6,000.
	7	Food and beverages	187,758.	24,120.	211,878.
	8	Entertainment		400.	400.
	9	Other direct expenses	98,579.	9,353.	107,932.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			326,890.
11	Net income summary. Subtract line 10 from line 3, column (d)			-244,790.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: GREY DOG GROUP

(I) ADDRESS OF FUNDRAISER:

151 STERLING MANOR DRIVE #3110, WILLIAMSBURG, VA 23185

(I) NAME OF FUNDRAISER: BLUE STATE

(I) ADDRESS OF FUNDRAISER:

7900 XERXES AVENUE, SOUTH, SUITE 980, MINNEAPOLIS, MN 55431

**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**Attach to Form 990.**

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

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 990 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance
MOTE MARINE LABORATORY. 1600 KEN THOMPSON PKWY SARASOTA, FL 34236	59-0756643	C CORP	949,202.	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**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
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 - 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.		
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.		

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
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.		



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
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 KANEHOE, 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	501(C)(3)	32,600.	0.		

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
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	501(C)(3)	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	501(C)(3)	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	501(C)(3)	20,000.	0.		

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
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	501(C)(4)	19,180.	0.		

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
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	501(C)(3)	17,998.	0.		
MARINE TECHNOLOGY SOCIETY INC. (MTS) - ONE THOMAS CIRCLE; SUITE 700 - WASHINGTON, DC 20005	52-0805471	501(C)(3)	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	501(C)(3)	7,500.	0.		

**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 of non-cash assistance
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** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)

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

**PART I, LINE 2:**

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

**Part IV** Supplemental Information

MATERIALS CONNECTED WITH THE ACTIVITIES FUNDED BY THE FOUNDATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: CHANNEL ISLAND NATIONAL MARINE

SANCTUARYS COMMITMENT TO THE EXTENSION OF MS. GRACE KUMAISHI IN HER

CURRENT ROLE AS A 2023 CALIFORNIA SEA GRANT FELLOW

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA

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

INCREASING DEI PARTICIPATION IN STEM CAREERS: TRAINING SCIENTIFIC SCUBA

DIVERS



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**NATIONAL MARINE SANCTUARY FOUNDATION**

Employer identification number

**94-3370994**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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, 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

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

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part

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**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
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	X	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 ( <u>FOOD AND BEVERA</u> )	X	18	15,822.	FMV
26 Other ( <u>OTHER</u> )	X	9	9,020.	FMV
27 Other ( _____ )				
28 Other ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number

94-3370994

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

AND PRESERVE AMERICA'S MARITIME 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

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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

Name of the organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
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THE U.S. VIRGIN ISLANDS, DEEPWATER AND MESOPHOTIC CORAL COMMUNITIES IN THE GULF OF MEXICO AND SUBMERGED AQUATIC VEGETATION ALONG THE WEST COAST. SEVEN GRANTS WERE AWARDED TO SUPPORT CAPACITY-BUILDING EFFORTS 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 NURSERIES 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



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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

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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

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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

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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

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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:

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

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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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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.

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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.



Name of the organization NATIONAL MARINE SANCTUARY FOUNDATION	Employer identification number 94-3370994
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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.
FUNDRAISING EXPENSES	5,609.
TOTAL EXPENSES	355,896.

Name of the organization

NATIONAL MARINE SANCTUARY FOUNDATION

Employer identification number

94-3370994

CONSTRUCTION DESIGN FEES:

PROGRAM SERVICE EXPENSES	52,884.
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MANAGEMENT AND GENERAL EXPENSES	4,502.
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FUNDRAISING EXPENSES	919.
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TOTAL EXPENSES	58,305.
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TRANSLATION SERVICES:

PROGRAM SERVICE EXPENSES	15,087.
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MANAGEMENT AND GENERAL EXPENSES	1,284.
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FUNDRAISING EXPENSES	262.
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TOTAL EXPENSES	16,633.
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RECRUITMENT:

PROGRAM SERVICE EXPENSES	266,457.
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MANAGEMENT AND GENERAL EXPENSES	22,682.
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FUNDRAISING EXPENSES	4,630.
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TOTAL EXPENSES	293,769.
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OTHER CONSULTING FEE:

PROGRAM SERVICE EXPENSES	2,675,519.
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MANAGEMENT AND GENERAL EXPENSES	184,215.
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FUNDRAISING EXPENSES	37,599.
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TOTAL EXPENSES	2,897,333.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,621,936.
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PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.