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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Denartment of the Treasury

Open to Public

OMB No. 1545-0047

			2000	4		illerrients.	20			
A F	A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20									
B C	neck if	applicable: Please C Name of organization Marine Preservation Associated Use IRS	ciation				1			
		s change label or Doing Business As	Imac) Is	Room/suite		86 F Telepho	0662511 one number			
		type.	11 <i>cm</i>) L							
In:				16	10	(480)	991-5500			
∐ Te	ermina	tion tions. Scottsdale, Arizona 85258-2152				• • • • • • • • • • • • • • • • • • • •	70 134 060			
		ed return		•		G Gross re				
L Ap	plicate	on pending F Name and address of principal officer:			•	-	for affiliates? Yes No			
	·	Brett G. Drewry , same as C above			1	all affiliates included? LYes LNo				
	Tax-exempt status: 501(c) (6) ◄ (insert no.) 4947(a)(1) or 527									
		ite: ▶ www.mpaz.org	l Voor of	f formation:						
	_	organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Tear or	r rormation:	1990	M State of	f legal domicile: AZ			
Pai	7C 1	Summary		To prom	oto the i	volforo o	nd interacts of the			
	1	Briefly describe the organization's mission or most significant a	ctivities:	10 pron	iote trie t	venare a	na mieresis oi ine			
ايو		petroleum and energy industry and the related petroleum tra								
a		industries address the problems caused by discharges of oi	i and per	roieum p	products	on water	•			
Activities & Governance										
<u></u>		Check this box ▶ ☐ if the organization discontinued its operations or disp		ore than 25	9% of its as					
e 5		Number of voting members of the governing body (Part VI, line				. 3	9			
ties		Number of independent voting members of the governing body	(Part VI,	line 1b)		5	5			
亲		Total number of employees (Part V, line 2a)				. 6	0			
₹		, , , , , , , , , , , , , , , , , , ,				· 7a	0			
		Total gross unrelated business revenue from Part VIII, line 12, c)		7b	0			
\dashv	<u> </u>	Net unrelated business taxable income from Form 990-T, line 3	4		Prior Ye		Current Year			
1	_	O				825,544	78,486,212			
9		Contributions and grants (Part VIII, line 1h)		· ·		025,544	70,700,212			
Revenue		Program service revenue (Part VIII, line 2g)		• • ⊢	993,834		647,848			
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d) .	evenue (Part VIII, column (A), lines 3, 4, and 70)				047,848			
- 1	11 12	Other revenue (Part VIII, column (A), lines 5, 50, 80, 90, 100, and Total revenue—add lines 8 through 11 (must equal Part VIII) column					79,134,060			
-				'-', 	84,819,378 76,000,000		68,000,000			
ı		· · · · · · · · · · · · · · · · · · ·	watts and similar amounts paid it are ix, obtainingly, most of							
g		Benefits paid to or for members (Part IX, column (A), line 4)		<u>,,</u> . ⊢		0 567,043	600,779			
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A		'''		0	000,110			
<u>ş</u>		Professional fundraising fees (Part IX, column (A), line 11e)		o I	-55 52 A					
		Total fundraising expenses (Part IX, column (D), line 25) ▶	• • • • • • • • • • • • • • • • • • • •		695,160		85,983			
ł		·	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)				68,686,762			
		Total expenses. Add lines 13–17 (must equal Part IX, column (A Revenue less expenses. Subtract line 18 from line 12	y, iii e 25	"· · ├─		262,203 557,175	10,447,298			
<u>> 8</u>	13	Nevertue less expenses. Oubtract fine to north into 12	<u> </u>	·	Beginning		End of Year			
ats or lancas	20	Total accets (Part V. line 16)				385.063	26,328,796			
88	20	Total assets (Part X, line 16)				960,224	8,456,659			
FE		Total liabilities (Part X, line 26)		: -		424,839	17,872,137			
	rtii	Signature Block		• • •		1,555	,			
		Under penalties of penury I declare that I have examined this return, including a	ccompanyin	ng schedules	and staten	nents, and to	the best of my knowledge			
		and belief, it is true, correct, and complete. Protection of preparer (other than	officer) is b	ased on all	information	of which pr	reparer has any knowledge.			
Sig	n	But Freuen 16				Pore	aber 10,2009			
Her		Signature of officer (6)			Dat					
	•	Brett Drewry President & Chi	efExe	ruthe	Office	20				
	Type or port game and title									
		Preparer's FRESNO, CA	Date	Chec	k if		identifying number			
		signature	1	setf- emple	oyed ▶ 🗌	(see instruc				
Paid					. –					
Preparer'		Firm's name (or yours			EIN	>				
Use	Uniy	if self-employed), address, and ZIP + 4			Phone r		' 			
Mav	the	IRS discuss this return with the preparer shown above? (see in	structions	s)		•	. Yes No			

Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: The Marine Preservation Association is a privately funded, non-profit corporation which supports its members' ability to meet their United States oil spill response requirements by providing funding for and a planning forum for establishing and maintaining efficient, effective oil spill response capabilities.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$including grants of \$) (Revenue \$) Provided financial assistance in the form of grants provided to a social welfare organization totalling \$68 million in order to maintain and increase existing capabilities for mitigating the environmental damage caused by oil spills within specified geographic areas determined by the Board of Directors of the Corporation.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(D)
4ċ	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ \$ (Must equal Part IX, Line 25, column (B).)

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		,
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	88		~
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<i>y</i>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	~	-
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		•
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		~
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 19		~
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	20		~
20 21	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	21	~	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a		١
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		>
27 ——	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		

Pa	Text			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		~
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		~
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		"
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	~	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_

Form **990** (2008)

1

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	,	,	l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	 -
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	~	
	this return?	3b		<u> </u>
		- U		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		~
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_		
	Regarding Prohibited Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a		-
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		_
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than		~_ ~_	
	\$75?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	in res, indicate the number of roms ozoz med during the year			1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	-,		İ
	required?	7h		<u> </u>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	_		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	Victory .		Andread or other Persons
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		i	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ļ		
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	128		<u> </u>

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
]	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			1
	circumstances, processes, or changes in Schedule O. See instructions.			ĺ
1a	Enter the number of voting members of the governing body			-
b	Enter the number of voting members that are independent			Ì
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ا
	any other officer, director, trustee, or key employee?	2	~	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	~	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
6	Does the organization have members or stockholders?	6	~	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a_	~	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			;
	the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9a	Does the organization have local chapters, branches, or affiliates?	9a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	_9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	40		
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		/
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	44		.,
<u> </u>		11		
Sec	tion B. Policies		Yes	No
40-	De la la la la la la la la la la la la la	12a	<u> </u>	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	124	<u> </u>	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	/	
	rise to conflicts?	120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	~	
13	Does the organization have a written whistleblower policy?	13	~	
14	Does the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			[;
а	The organization's CEO, Executive Director, or top management official?	15a	V	
b	Other officers or key employees of the organization?	15b	~	
~	Describe the process in Schedule O. (see instructions)]
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	١		
	with a taxable entity during the year?	16a		~
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	_	-	_
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶Arizona			-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20			44	
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: ► Jaclyn Cerna, 8777 N. Gainey Center Drive, Suite 165, Scottsdale, Arizona 85258, 480-99	ras o	me	

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.										
(A) (B) (C)						(D)	(E)	(F)		
Name and Title	Average hours per week	Individual trustee or director	6 Institutional trustee	Officer	ले Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Robert Baldwin Director	0	v						0	0	0
John Covert Director/President/Chief Executive Officer	25	,		~				243,000	0	56,140
Leon Crites Director	0	,						0	0	0
Marjorie Dawson Director	0	,						0	0	0
William Lerch Director	0	,						0	0	0
Steven McCall Director	0	,						0	0	0
George McShea, Jr. Director	0	~						0	0	0
Martin Padilla Director	0	~						0	0	0
T.F. Plummer Director/Chairperson	0	~		~				0	0	0
Robert Scharnell Director	0	,						Ū	8	O
Peter Velez Director	0	,						0	0	0
Brett Drewry Chief Financial Officer/Secretary	50			~				163,144	0	40,625
Robert Aldag Former Director/President/CEO	О						~	258,891	0	O
	-									

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and H						d Hig	hest Compensated Employees (continued)					
	(A)	(B)			•	C)			(D)	(E)	` '		
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	ৰ Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	ed one compe		tion e ion ed
													-
													-
											<u> </u>		
					_	L							
		-											
					L.								
1b	Total	<u> </u>		Ь.	ــــــــــــــــــــــــــــــــــــــ			▶	665,035		0	96	5,765
2	Total number of individuals (including thos organization ▶ 3	e in 1a) wh	no rec	eiv	ed r	nor	e thar	ր \$1		ortable compe	nsatio		
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	chedule J	for su	ıch	ındı	vidu	ıal				3	Yes	No
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	greater tha	ortabi uı\$18	ie c 50,0	omp 2003	ens : !f '	sation 'Yes,"	an Co:	a otner compe m <u>plete Schedi</u>	ensation from ule J for such	4	V	
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	com olete	pen Sch	sati edu	on i	from I for s	any suct	unrelated org	anization for	5		~
	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	epe	ende	ent o	contra	acto	rs that receive	d more than \$.100,0	JU OT	
	(A) Name and business add	dress							(B) Description of s	services	Com	(C) pensation	n
				_	-			┼					
								+					
2	Total number of independent contractors compensation from the organization ▶ 0	(including	those	in	1) v	vho	recei	ved	more than \$1	00,000 in			

Dar	t VII	Statement of Rever		· · · · · · · · · · · · · · · · · · ·		 -	 	1 - 3 -
		Outcoment of Never	iuc		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	ta b c d e f	Federated campaigns . Membership dues Fundraising events Related organizations . Government grants (contributions), gifts, grant and similar amounts not included Noncash contributions included in Total. Add lines 1a-1f .	1b 1c 1d ons). 1e s, above 1f	0 78,486,212 0 0 0 0	78,486,212			
Program Service Revenue	2a b c d e f	All other program service r	evenue .	Business Code	0			
	3 4 5	Investment income (include other similar amounts) . Income from investment of tax Royalties		▶	647,848 0 0	647,848 0 0	0 0 0	
	b c d	,	0 0 0	0 0 0 ►	0	0	0	0
	b	assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss)	0	0			Secondaria de la constante de	
r Revenue	d 8a	Net gain or (loss)	n line 1c).	•	0	0	0	0
Other		Less: direct expenses . Net income or (loss) from	b	vents ►	0	0	0	0
	1	Gross income from gaming See Part IV, line 19 Less: direct expenses	а	0	- ~-	···	·	
	10a b	Net income or (loss) from a Gross sales of inventor returns and allowances. Less: cost of goods sold	gaming activery, less a b	0	0	0	0	0
		Net income or (loss) from sa Miscellaneous Revenue		Business Code	0	0	0	0
	11a b c d	All other revenue						
	e 12	Total. Add lines 11a-11d Total Revenue. Add lines 9c, 10c, and 11e	1h, 2g, 3, 4,	5, 6d, 7d, 8c,	79,134,060	79,134,060		

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) but are not required to complete columns (B), (C), and (D).								
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	68,000,000							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0							
3	Grants and other assistance to governments, organizations, and individuals outside the	0							
	U.S. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	479,147							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	50,670							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,407							
9	Other employee benefits	30,798							
10	Payroll taxes	32,757							
11	Fees for services (non-employees):	0							
	Management	101,236							
	Legal	16,650							
	Accounting	0							
	Lobbying	0			· •				
	Investment management fees	0			- -				
	Other	14,335							
12	Advertising and promotion	45,776							
13	Office expenses	31,866							
14	Information technology	1,679							
15	Royalties	0							
16	Occupancy	64,632							
17	Travel	80,690							
18	Payments of travel or entertainment expenses	_ [
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings .	20,591							
20	Interest	0							
21	Payments to affiliates	3,661		 					
22	Depreciation, depletion, and amortization.	6,607		 					
23	Insurance	0,007	•	 					
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)								
_	Dues and Subscriptions	10,256							
a b	Payroll Processing	4,474	· · · · · · · · · · · · · · · · · · ·	 					
2	Taxes and Licenses	456							
d	Net Liability Write-down	(316,926)							
e									
	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	68,686,762							
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet						
			(A) Beginning of year		(I End o	3) of year		
	1	Cash—non-interest-bearing	47,893	1		1	,559	
	2	Savings and temporary cash investments	11,317,337	2		6,262	,308	
:	3 Pledges and grants receivable, net							
	4 Accounts receivable, net							
	5	Receivables from current and former officers, directors, trustees, key	0	5			0	
	6	employees, or other related parties. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete						
m.	_	Part II of Schedule L	<u>_</u> 0				0	
ě	7	Notes and loans receivable, net		8			0	
Assets	8	Inventories for sale or use	3,362			17	,735	
	9	Prepaid expenses and deferred charges	3,302	•		!/	,733	
	10a	Land, buildings, and equipment. Cost basis						
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	15,505			15	,244	
	11	Investments—publicly traded securities	0	11			0	
	12	Investments—other securities. See Part IV, line 11	0	12			0	
	13	Investments—program-related. See Part IV, line 11	0				0	
	14	Intangible assets		$\overline{}$			0	
	15	Other assets. See Part IV, line 11	0				0	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,385,063			26,328		
	17	Accounts payable and accrued expenses	1,172,655			<u>595</u>	<u>,117</u>	
	18	Grants payable	0	'''			0	
	19	Deferred revenue	2,787,569		<u>.</u>	7,861		
	20	Tax-exempt bond liabilities	0				0	
<u>ië</u>	21	Escrow account liability. Complete Part IV of Schedule D	0	21			0	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
_		persons. Complete Part II of Schedule L	0				0	
	23	Secured mortgages and notes payable to unrelated third parties					0	
	24	Unsecured notes and loans payable			.			
	25 26	Other liabilities. Complete Part X of Schedule D	3,960,224			0.450	0	
	20	Organizations that follow SFAS 117, check here ▶ ☑ and	3,900,224	26		8,456	,039	
Balances	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	7,424,839	27		7,872	2,137	
æ	28	Temporarily restricted net assets	0				0	
힏	29	Permanently restricted net assets	0	29			0	
Net Assets or Fund	 	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.						
ş	30	Capital stock or trust principal, or current funds	0	30			<u> </u>	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31			0	
As	32	Retained earnings, endowment, accumulated income, or other funds	0	32			0	
<u>e</u>	33	Total net assets or fund balances	7,424,839	33		7,872	2,137	
~	34	Total liabilities and net assets/fund balances	11,385,063	34		26,328		
.Pa	art XI	Financial Statements and Reporting						
			· · · · · · · · · · · · · · · · · · ·			Yes	No	
1		counting method used to prepare the Form 990: Cash Accrual			-		1	
2		re the organization's financial statements compiled or reviewed by an ind	•	τγ .		1		
		re the organization's financial statements audited by an independent acc			2b	 •	 	
(Yes" to lines 2a or 2b, does the organization have a committee that assumes				ار, ا		
		audit, review, or compilation of its financial statements and selection of an in				-		
	the				in 3a		V	
) If "\	Yes," did the organization undergo the required audit or audits?	<u> </u>		. 3b	<u> </u>	<u> </u>	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Nam	of the organization		Employer identification number
Mai	ine Preservation Association		86 0662511
Pa	Organizations Maintaining Do	nor Advised Funds or Other Sim	ilar Funds or Accounts. Complete if
	the organization answered "Yes		in a resident of the second of
		(a) Donor advised funds	(b) Funds and other accounts
	Total accept on at an elect	(4) 5 100 100 100 100 100 100 100 100 100 1	
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and funds are the organization's property, sub		
6	Did the organization inform all grantees, of used only for charitable purposes and not impermissible private benefit?	for the benefit of the donor or donor	advisor or other
5-			Yes No
Pa	t II Conservation Easements. Com	plete if the organization answered "\	res" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements hel		
	Preservation of land for public use (e.g	J., recreation or pleasure) 🔲 Preser	rvation of an historically important land area
	☐ Protection of natural habitat	☐ Prese	rvation of certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a–2d if the organization he on the last day of the tax year.	ld a qualified conservation contribution i	in the form of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation e		1 == 1
c	Number of conservation easements on a		
d	Number of conservation easements include		7 1 1 1 2 1
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d, or terminated by the organization during
3	the taxable year >	ied, transferred, released, extinguished	, or terminated by the organization during
4	Number of states where property subject	to conservation easement is located.	•
5	Does the organization have a written police		
	enforcement of the conservation easemen	its it holds?	Yes 🗌 No
6	Staff or volunteer hours devoted to monitor	- · · · ·	
7	Amount of expenses incurred in monitoring		- •
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	, ,	
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations.	the text of the footnote to the organiza	s revenue and expense statement, and ation's financial statements that describes
Par		ections of Art, Historical Treasure	
	Complete if the organization ans	wered "Yes" to Form 990, Part IV, lin	ne 8.
4-	If the approximation elected on normitted of	nder CEAC 44C met to rement in its resu	anua akakamank and balanca abank wadin al
та	art, historical treasures, or other similar ass provide, in Part XIV, the text of the footnot	ets held for public exhibition, education	enue statement and balance sheet works of a, or research in furtherance of public service, cribes these items.
b	historical treasures, or other similar assets provide the following amounts relating to	s held for public exhibition, education, these items:	e statement and balance sheet works of art, or research in furtherance of public service,
			▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other solution under SFAS 116 relating to these item	similar assets for financial gain, provide the
	Revenues included in Form 990, Part VIII,	line 1	· · · · · · > \$

Page	2

Schedule D		

Par	t III Organizations Maintaining	Collections	of Art, Hi	storica	l Treasures, o	or Oth	ner Similar Ass	sets (conti	nued)
3	Using the organization's accession and items (check all that apply):	other records	s, check a	any of th	ne following that	at are	a significant us	e of its col	lection
а	Public exhibition		d		oan or exchan				
b	Scholarly research		е		ther				
C	Preservation for future generations								
4	Provide a description of the organization Part XIV.							npt purpos	e in
5	During the year, did the organization solid assets to be sold to raise funds rather that	an to be mainta	lined as pa	art of the	e organization's	collec	tion?	Yes [No
Par	Trust, Escrow and Custodia Part IV, line 9, or reported ar					answe	ered "Yes" to F	form 990,	
	Is the organization an agent, trustee, c included on Form 990, Part X?					s or o	ther assets not	☐ Yes [□No
þ	If "Yes," explain the arrangement in Pa	rt XIV and con	nplete the	following	ng table:	т Т	Λ	ount	
						1c	AIII	OUIIL	
С	Beginning balance						• • • • • • • • • • • • • • • • • • • •		
	Additions during the year					1d 1e			
е	Distributions during the year					1f	_		
f	Ending balance						•	Yes	¬ No
	Did the organization include an amoun If "Yes," explain the arrangement in Pa		, Part X, I	ine 217				L. res	; NO
Par			zation an	swered	"Yes" to Fo	rm 99	0, Part IV, line	10.	
-		a) Current year	(b) Prio		(c) Two years ba) Three years back	(e) Four year	s back
1a	Beginning of year balance	•				T			
b	Investment earnings or losses .								
4	Grants or scholarships								
e	Other expenditures for facilities and programs								
•	Administrative expenses						1		i
g	End of year balance								
2	Provide the estimated percentage of the	e vear end ba	lance held	d as:					
а	Board designated or quasi-endowment	-							
b	Permanent endowment ▶								
С	Term endowment ▶%								
За	Are there endowment funds not in the p	ossession of th	ne organiz	ation tha	it are held and	admin	istered for the		
	organization by:		J					Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	<u> </u>
b	If "Yes" to 3a(ii), are the related organization							3b	
4	Describe in Part XIV the intended uses								
Par	t VI Investments—Land, Build	ings, and Eq	uipment			X, lin	<u>ie 10.</u>		
	Description of investment	(a) Cost or ot (investm			st or other s (other)	(c) De	preciation	(d) Book val	ue
1a	Land								
b	Buildings	.							
С	Leasehold improvements	.							
	Equipment	.			,809		2,468	6,341	
	Other	.		_	,941	78	3,038	8,903	
Tota	I. Add lines 1a-1e. (Column (d) should equa	ai rorm 990, Pa	π X, colun	nn (B), lin	ie 10(c))	• •	•	1	5,244

Part VII Investments—Other Securities	s. 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	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)			
	d Soo Form 990 Part V	(line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13)		<u> </u>	J
Part IX Other Assets. See Form 990, Pa			
	(a) Description	(b) Book valu	16
			
Total. (Column (b) should equal Form 990, Part x, co	or (B) line 15.)	b	
Part X Other Liabilities. See Form 990.			
(a) Description of liability	(b) Amount		
Federal income taxes			
			Section 1
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶			
In Part XIV, provide the text of the footnote to the uncertain tax positions under FIN 48.	organization's financial sta	atements that reports the organization's liability for	or

001101	3.00			
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen		_	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	_1	┼	79,134,060
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	+	68,686,762
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-	10,447,298
4	Net unrealized gains (losses) on investments	4	+	0
5	Donated services and use of facilities	5	╄	0
6	Investment expenses	6	╀-	0
7	Prior period adjustments	7	+	0
8	Other (Describe in Part XIV)	8	+-	0
9	Total adjustments (net). Add lines 4-8	9	+	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		10,447,298
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e po	er F	
1	Total revenue, gains, and other support per audited financial statements	<u> </u>	1	79,134,060
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		- 1	
а	Net unrealized gains on investments	<u>0</u>		
b	Donated services and use of facilities	0	- 1	
C	necoveries of prior year grants	0		
d	Other (Describe in Part XIV)	0		
е	Add lines 2a through 2d	- ⊢	<u>!e</u>	0
3	Subtract line 2e from line 1	<u> </u>	3	79,134,060
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		ļ	
а	IIIVESUITETU EXDENSES TIOUTICIQUED OUT OUT 1 330, 1 art viii, line 7 D	0		
b	Other (Describe in Part XIV)	0	_	
С	Add lines 4a and 4b		c	0
_5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	79,134,060
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen	<u>ses</u>	pe	
1	Total expenses and losses per audited financial statements	<u> </u>	1	68,686,762
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated Services and use of identities	0		
b	Prior year adjustments	0		
C	Losses reported on Form 990, Part IX, line 25	0		
d	Other (Describe in Part XIV)	0		_
е	Add lines 2a through 2d	-	2e	0
3	Subtract line 2e from line 1	-	3_	68,686,762
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_		
а	investment expenses not included on Form 990, Fait vin, the 70 .	0		
b	Other (Describe in Part XIV)	0		_
C	Add lines 4a and 4b	·	lc	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	68,686,762
-	rt XIV Supplemental Information			
Con	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ınd 4	; Pa	art IV, lines 1b
and	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b			
		- -		

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Open to Public OMB No 1545-0047 2008

Inspection

2 □ Employer identification number 0662511 ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 8 Part I General Information on Grants and Assistance Marine Preservation Association Name of the organization

	•	▲.	1
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	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Marine Spill Response Corp. 220. Spring St., Herndon, VA 20170	62-1437621	501(c)(4)	68,000,000	0			Spill Response
	·						
2 Enter total number of section 501(c)(3) and government of Enter total number of other organizations	501(c)(3) and gov	ernment organizations	ons snoi			· · · · · · · · · · · · · · · · · · ·	0
ı	1						

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

Cat. No 50055P

Schedule I (Form 990) 2008

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

Part III Grants al

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this		ovide the information	on required in Part	I, line 2, and any other	part to provide the information required in Part I, line 2, and any other additional information.
The Corporation has defined the procedures, for monitoring the use of grant funds to entities in the United States by requiring the execution of a grant agreement	nonitoring the use	of grant funds to er	ntities in the United §	states by requiring the ex	xecution of a grant agreement
that stipulates such procedures. These include the requi	ne requirement th	at grantee organizati	ons provide the Cor	poration with requests fo	rement that grantee organizations provide the Corporation with requests for funds covering a specific
period, together with sufficient detailed information as to	on as to the costs	and purposes of the	items of expenses	or which such funds are	the costs and purposes of the Items of expenses for which such funds are requested, in accordance with a
mutually agreeable time schedule which will provide the		on sufficient opportu	nity to carefully revi	ew such requests and se	Corporation sufficient opportunity to carefully review such requests and secure any funds the Corporation
determines to provide to grantee organizations. In connection with the submission of each grant request, grantee organizations also submit documentation as to how	n connection with	the submission of e	each grant request, c	rantee organizations als	so submit documentation as to how
the previous grant funds have been expended, the amount of unexpended funds the grantee organization then has on hand and an affirmative statement to the effect	e amount of unex	pended funds the gr	antee organization th	en has on hand and an	affirmative statement to the effect
that the previous period's grant funds have been expended for the Items for which such funds were requested to the extent funded by the Corporation. The	expended for the	items for which such	funds were reques	led to the extent funded	by the Corporation. The
Corporation may request grantee organizations to provide an independent, third-party audit of specified past expenditures of funds granted by the Corporation.	provide an indep	sendent, third-party	audit of specified pa	st expenditures of funds	granted by the Corporation.
The complete name and mailing address of the organization listed in Part II is Marine Spill Response Corporation, 220 Spring Street, Suite 500, Herndon, VA 20170.	ganization listed	in Part II is Marine Sp	oill Response Corpo	ration, 220 Spring Street	, Suite 500, Herndon, VA 20170.
The purpose of providing grant funding to this organization is to maintain and increase existing capabilities for mitigating the environmental damage caused by oil	ganization is to m	aintain and increase	existing capabilities	for mitigating the envir	onmental damage caused by oil
spills within specified geographic areas determined by the Board of Directors of the Corporation.	ed by the Board o	f Directors of the Co	rporation.		

SCHEDULE J (Form 990)

Department of the Treasury

in Part III

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization **Marine Preservation Association** 0662511 **Questions Regarding Compensation** Part I No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use ☐ First-class or charter travel Payments for business use of personal residence ☐ Travel for companions Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or 1b_ 1 provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ✓ Compensation committee ✓ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan?. 4c 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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5<u>a</u> a The organization?........ 5b **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a **6b** If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II For each individual whose compensation must the reported in Schedule J, report compensation from the organization from row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)—(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	Γ	(B) Breakdown of W	f W-2 and/or 1099-MISC compensation	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base conpensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(ı)(a)	reported in prior Form 990 or Form 990-EZ
John Covert	8	191,000	52,000	0	48,638	8,560	300,198	0
Brett Drewry	€ €	130,000	33,000	144	26,103	17,649	206,896	0
Robert Aldag	8	0	0	258,891	0	0	258,891	0
	88							
	€ €							
	88							
	88							
	88							
	88							
	88							
	E							
	(0)							
	(3)							
	(1)							
	8							
	3							
							Sche	Schedule J (Form 990) 2008

Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part
Tor any additional information. Former Director, President and Chief Executive Officer, Robert Aldag participated in a Master Stock Index Appreciation Rights Plan (SIARP) in 2008 that was
established in 1994 and by agreement designed to provide additional compensation to Mr. Aldag for his services as President of the organization. The organization
performed grants of stock appreciation rights: (SAR) from 1994 to 2002, with SAR lapsing on the tenth anniversary of grant date for each SAR. On August 5, 2005, Mr.
Aldag separated from employment with the organization, and as part of the terms of a Separation Agreement executed with the organization, the terms and conditions
of the SIARP agreement continued post-employment with the organization. During the tax year, Mr. Aldag exercised SAR in the amount of \$258,891.
Schedule J (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 Open to Public Inspection

0662511

Employer identification number

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Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Marine Preservation Association	86	0662511
Reference core Form 990, Part VI, Section A, Line 2: Directors Robert Baldwin and Willia	m Lerch h	nad a business
relationship during the organization's tax year.		
Reference core Form 990, Part VI, Section A, Line 4: The organization's By-laws were am	ended sir	nce last reported on
prior Form 990 in order to 1) allow the offices of President and Secretary of the organiza	tion to be	held by the same
individual, 2) distinguish between duties performed by the Treasurer and the organization	n itself ar	nd 3) to delegate the
authority to elect and/or remove the independent directors of the Marine Spill Response	Corporati	on, a related organization
to a special committee comprised of a designated subset of the organization's directors	who also	meet certain citizenship
criteria, as required by the United States Shipping Act of 1916, as amended.		
Reference core Form 990, Part VI, Section A, Line 6: The organization is organized as a r	non-profit	corporation with
members. Members of the organization elect the members of the organization's governi	ng body,	but do not approve
significant decisions of the governing body, nor may receive a share of the organization	's profits	or excess dues or a
share of the organization's net assets upon the organization's dissolution.		
Reference core Form 990, Part VI, Section A, Line 7a: The organization has two classes	of membe	rs, "voting" and "non-
voting". The voting members are entitled to vote for the election of the organization's go	overning l	oody while the non-
voting members do not have these voting rights.		
Reference core Form 990, Part VI, Section A, Line 10: No review was or will be conducted	d. Howev	er, the organization's
governing body or committees with authority to act on behalf of the governing body have	e reviewe	d and approved the
information and data contained within the Form 990 and schedules, most notably the se	ctions cor	mprising governance,
management and disclosure, compensation, statement of revenue, statement of function	nal expens	ses and balance sheet.
Reference core Form 990, Part VI, Section B, Line 12c: On an annual basis, the organiza	tion distri	butes and requires
certification as to adherence to its conflict of interest policy. All directors, officers and		
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat N	lo. 51056K	Schedule O (Form 990) 2008

•		
Schedule O (Form 990) 2008	la	Page 2
Name of the organization Warine Preservation Association	86	er identification number 0662511
Marine Freservation Association		0002011
conditions of the policy and the annual certification requirement. Management monitors t	ransac	tions on an ongoing
basis for evidence of conflicts, and the Corporation is subject to annual audit of its finance	ial stat	ements by an
independent audit firm, the performance of which may also lead to the identification of co	nflicts	of interest. Individuals
suspecting violation of this policy are directed to report violations to the Chairperson of the	he orga	nization's Audit &
Governance Committee. Should the suspected activity involve the committee chair, indivi	iduals	are directed to report
such violations to the Chairperson of the organization's Board of Directors. Upon confirm	nation o	of the existence of a
conflict, the committee and then full Board reviews the transaction(s) in question in order	to deli	berate and determine
the proper course of action. During such deliberations, the person(s) involved in the trans	saction	or conflict do not
participate in these final discussions and decision.		
Reference core Form 990, Part VI, Section B, Lines 15a & 15b: Compensation for the Presi	dent/C	EO of the organization
is reviewed and approved by the organization's Compensation Committee, which is comp	rised s	olely of independent
directors of the organization's governing body. The process for determining the level of c	omper	sation includes review
of similarly qualified individuals in functionally comparable positions of similarly situated	organi	zations, including, but not
limited to, reliance upon a compensation study performed by an independent consulting f	irm, as	well as comparison to the
compensation level for an individual that previously held the office of President/CEO of the	e orga	nization. The results of
the deliberations and decisions by the organization's Compensation Committee for such organization.	compe	nsation arrangements
are documented and ultimately are reflected in a written employment agreement with the I	Preside	ent/CEO. The above proces
was last completed for the current tax year, and was also similarly last completed for the	organiz	ation's Chief Financial
Officer for the current tax year.		
Reference core Form 990, Part VI, Section C, Line 18: The organization makes its Forms 19	024 and	d 990 available for public
inspection upon request as required by law.		
Reference core Form 990, Part VI, Section C, Line 19: The organization does not make its	govern	ning documents, conflict

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Marine Preservation Association

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number 86 0662511

Reference Schedule R, Part II and Part V, Line 2: The Marine Spill Response Corporation ("MSRC") has been reported as
an organization related to the filing organization Marine Preservation Association ("MPA") based upon the definition of
control as provided within the Instructions for Schedule R, Related Organizations and Unrelated Partnerships. Under
this definition, MPA is deemed to 'control', and hence deemed to be the 'parent', of MSRC. MSRC is fully responsible for
directing its own operational activities and functions independently of MPA. However, under their respective corporate
organizational documents, MPA has the authority to elect and/or remove a majority of MSRC's directors. Under MPA's
organizational documents, this authority is delegated to a special committee comprised of a designated subset of MPA
directors who also meet certain citizenship eligibility criteria, as required by the United States Shipping Act of 1916, as
amended.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Marine Preservation Association

Related Organizations and Unrelated Partnerships

Open to Public Inspection OMB No 1545-0047

> Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions.

Employer identification number 0662511

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(F)
Direct controlling
entity (E) End-of-year assets (D) Total income ξ Legal domicile (state or foreign country) ξ Primary activity **@** é ß Identification of Disregarded Entities (A)
Name, address, and EIN of disregar 1ed entity Part I

t Organization:
ax-Exemp
of Related 1
Identification

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(0) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
-Warine Spill Response Corporation 220 Spring-Street, Suite 500	Oil spill response	Tennessee	501(c)(4)		N/A

Schedule R (Form 990) 2008

Cat. No. 50135Y

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

Part III

Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner?	Yes No		 				(H) Percentage ownership				990) 2008
(0) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)							(G) Share of end-of-year assets				Schedule R (Form 990) 2008
(H) Disproportuonate allocations?	Yes No				 						
(G) Share of end-of-year assets							(F) Share of total income				
					_		(E) Type of entity (C corp., S corp. or trust)				
(F) total incom		!									
(F) Share of total income						rust	(D) Direct controlling entity				
(E) Predomnant income (related, investment, unrelated)						orporation or	(C) Legal domicile (state or foreign country)				
(D) Direct controlling entity						Taxable as a ((B) Primary activity				
(C) Legal domicile (state or foreign country)						ınizations					
(B) Primary activity						Identification of Related Organizations Taxable as a Corporation or Trust	of related organization				
(A) Name, address, and EIN of related organization						Part IV Identification	(A) Name, address, and EIN of related organization				

Transactions With Related Organizations Schedule R (Form 990) 2008 Part V

Note. Complete line 1 if any entity is listed in Farts II, III, or IV.		Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	d in Parts II-IV?		-
a Receipt of (i) interest (ii) annuities (iii) royali ies (iv) rent from a controlled entity		1 a	2
		5	
	•	10	7
		7	>
		2 0	
e Loans of Ioan guarantees by other organization(s)		:	
• Sala of accate to other organization(s)		#	1
a Purchase of assets from other organization(s)	· · ·	19	>
	· · · · · · · ·	ŧ	>
		:	>
Lease of facilities, equipment, of ourer assets to ourer organization(s)			
i lease of facilities equipment or other assets from other organization(s)		Ţ	>
٠,	·	축	>
	·	=	>
B Sharing of facilities equipment mailing lists or other assets	• • • • •	1m	>
b Sharing of naid employees		ţ	>
	·		-
• Reimbursement baid to other organization for expenses		10	>
b Reimbursement baid by other organization for expenses		10	>
]
q Other transfer of cash or property to other organization(s)		10	>
٦.			>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	relationships and transa	ction thresho	olds.
(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved	D
Marine Spill Response Corporation (See Schedule O regarding relationship with the Corporation)	Q	\$68,000,000	000
(2)			}
(9)			
(4)			
(5)			
(9)			
	Schedule	Schedule R (Form 990) 2008	2008

Part VI Unrelat

Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

מלונים של היים ויות אותי אותי אותי אותי אותי אותי אותי	Supplied to the supplied to th			2	1				
(A) Name, address, and FiN of entity	(b) Primary activity		Are all par		Share of	(r) Desomportor		General or	è
		(state or foreign country)	section 501(c)(3) organizations?		end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	5 5 C
			Yes	No		Yes No	0	Yes No	ا <u>م</u>
									}
				·		· 			
									l

Schedule R (Form 990) 2008