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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning	10-01-2008	and ending 09-30-20	09						
B Che	eck ıf a	pplicable	Please	C Name of organization National Marine Manufact	turers Associatio	n			D Employer identification number				
✓ Add	tress cl	nange	use IRS label or	Doing Business As					36-2369301 E Telephone number				
Nar	ne cha	inge	print or type. See	Doing Business As					-				
Init	ial retu	ırn	Specific Instruc-	,	O box if mail is	not delivered to street add	ress) Roor	n/suite	(312)		•6200 ots \$ 48,628,763	—	
Ter	mınatıd	on	tions.	231 south lasalle street					a dioss	receip	7 .5 \$ 40,020,705		
┌ Am	ended	return		City or town, state or cou Chicago, IL 606040027	ıntry, and ZIP +	4	<u> </u>						
☐ App	olication	n pending		Chicago, IL 606040027									
			F Nan	ne and address of Princ	ıpal Officer		H(a)	Is this	a group	returi	n for		
				dammrich uth lasalle st ste 2050				affiliat	tes?				
				o,IL 60604			Н(в)	Are all	affiliates i	includ	led?	No	
I Ta	x-exen	npt status	▽ 501(c)) (6) ◀ (insert no)	947(a)(1) or	527					t See instructions)	ı	
J W	eb sit	e: 🕨 WW	/W NMMA (ORG			H(c)	Grou	Exempti	on N	umber ►		
К Тур	e of or	ganızatıon	Corporat	ion trust association	other ►		L Yea	ar of For	mation 197	79 M	State of legal domicile	DE	
Pa	rt I	Sum	mary										
	1			e organization's missio	n or most sıg	nıfıcant actıvıtıes							
2				e and protect an enviro				Isucce	ss throug	jh exc	cellence in		
ĕ		manufa	cturing, in s	selling and in servicing	their custom	ers in the boating indu	stry						
E E	2	Chack	this hov F	if the organization disc	ontinued its	onerations or disposed	of more	than 21	5% of its	20001	t e		
Governance	3		,	nembers of the governi					5 70 OT 105	3		36	
	4		_	ident voting members o								36	
5 Total number of employees (Part V, line 2a)												04	
Activities &	6	Total n	umber of vo	olunteers (estimate if ne				6		0			
¥	7a	Total g	ross unrela	ted business revenue fr	rom Part VII	I, line 12, column (C)				7a .	39,1	96	
	ь	Net unr	elated busi	ness taxable income fro	om Form 990)-T, line 34				7b		0	
						Prio	r Year	_	Current Year				
흨	8			d grants (Part VIII, line						0		0	
enu	9								64,935,7	_	42,228,9		
Reven	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							73,2	_	-422,0 317,9		
	12 Total revenue—add lines 8 through 11 (must equal Par						ne —		, , , ,		317,		
		12)							65,615,0	075	42,124,	251	
	13			ar amounts paid (Part I)	•				10,090,		1,648,6	593	
	14			or for members (Part IX,			_			0			
\$	15	Saları 10)	es, other co	ompensation, employee	benefits (Pa	rt IX, column (A), lines	5-		13,490,0	331	10,996,9	962	
Expenses	16a	Profes	sional fund	raising fees (Part IX, co	olumn (A), lıı	ne 11e)				0		0	
ੜੇ	ь	(Total f	undraising ex	penses, Part IX, column (D),	lıne 25 <u>0</u>)							
	17	Other	expenses ((Part IX, column (A), lın	nes 11a-11d	, 11f-24f)			42,138,9	941	31,757,8	811	
	18	Total	expenses—	add lines 13–17 (must	equal Part I	X, lıne 25, column (A))	'		65,719,4	496	44,403,4	466	
. 02	19	Reven	ue less exp	penses Subtract line 18	8 from line 1.	2			-104,4	421	-2,279,	215	
କ୍ଷ ଅଷ							В	eginni	ng of Yea	r	End of Year		
Net Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)					38,993,2	206	25,361,2	203	
at A. ad B	21	Total	liabilities (F	Part X, line 26)					35,716,7	701	22,002,	497	
	22	_		d balances Subtract lir	ne 21 from lu	ne 20			3,276,	505	3,358,	706	
Pai	rt II	_	ature Blo										
				егјигу, I declare that I have е correct, and complete Decla								ge	
Plea		L _						2010-	08-05				
Sign Here		Sign	ature of office	er				Date					
	_		IG BOSKEY C										
		F ¹ype	е от ринк на т	ic and title		D-1-			T		(6 6 - 7 - 1		
Б		Preparei signatur		M G ANDREOZZI		Date	Check if self-		Preparer's	s PTIN	(See Gen Inst)		
Paid	arar ⁱ -		<u> </u>				empolyed	<u> </u>					
Use (arer's Onlv	ıf self-eı	ame (or yours mployed),	P					EIN 🕨				
556 (y	address,	and ZIP + 4	233 N MICHIGAN AVE S	SUITE 2500				Phone re	<u> </u>	312) 856-9100		
				CHICAGO, IL 60601592									
Mayt	:he IR	S discus	ss this retu	rn with the preparer sho	own above? (See instructions) .					┌Yes ┌No		

Part III Statement of Program Service Accomplishments (See the instructions.)

4d	Other program services (Describe (Expenses \$ Total program service expenses \$	including grants of \$) (Revenue \$)
4d	· -	•)(Revenue ⊄	1
			,,	J,
4c	(Code) (Expenses Promote boating and related products throu			•
	(0.1			
TU	Provide technical information and services	·	, , , ,	,
4b	(Code) (Expenses	\$ including grants	of \$) (Revenue \$)
	industrial purposes and facilitate the use of		,	F
4a	(Code) (Expenses Sponsor and participate in National, Interna			,
	(Codo) / E		of th	
	Section $501(c)(3)$ and (4) organizate others, the total expenses, and reve			s and allocations to
4	Describe the exempt purpose achiev			
	If "Yes," describe these changes on	Schedule O		
3	Did the organization cease conduction services?	ig or make significant changes in h	ow it conducts any program	┌ Yes ┌ No
_	If "Yes," describe these new service			
_	the prior Form 990 or 990-EZ? .			┌ Yes ┌ No
2	Did the organization undertake any s		the year which were not listed on	
	castomers in the boating industry			
	TO create, promote and protect an environme customers in the boating industry	nt where members can achieve financial s	uccess through excellence in manufacturir	ng, in selling and in servicing their

Part IV Checklist of Required Schedule	Part IV	Checklist o	f Required	Schedules
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			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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	Yes	
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	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
	<u></u> i			
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		N o
	Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
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	Yes	
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	Yes	
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		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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		Νο
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		No

Part VI

Part IV Checklist of Required Schedules (Continued)

			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			
		28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
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	Yes	
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	Yes	
36	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 percent 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,	37		No

Pai	t V Statements Regarding Other IRS Filings and Tax Compliano	e				
					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					
		1a	177			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	1-	V	
2-	gaming (gambling) winnings to prize winners?	 I		1c	Yes	
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	904			
b	If at least one is reported in 2a, did the organization file all required federal employin Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule (0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	•	4a	Yes	
ь	If "Yes," enter the name of the foreign country CA					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	v Regarding Prohibited			
•	Tax Shelter Transaction?	•	• • •	5с		
6a	Did the organization solicit any contributions that were not tax deductible? \cdot .			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	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 con more $^{\circ}$	trıbutı	on of \$75 or	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess 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		
Ь	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	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b		· 		
	year					

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

Section A.	Governing	Body	and	Management	

			Yes	No							
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.										
1a	Enter the number of voting members of the governing body 1a 36										
Ь	Enter the number of voting members that are independent 1b 36										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?										
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		Νο							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο							
5	Did the organization become aware during the year of a material diversion of the organization's assets?										
6	Does the organization have members or stockholders?	6	Yes								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?										
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following										
а	the governing body?	8a	Yes								
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes								
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο							
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 must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes								
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	11		Νο							

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	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	Yes	

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- Section 6104 requires an organization to make its Form 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 interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

CRAIG BOSKEY 231 SOUTH LASALLE STREET STE 2050

CHICAGO, IL 606040027

(312) 946-6200

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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, or 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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E)	(F)	
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
							_				

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustan or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
				\vdash			\vdash			
			1							
				\vdash			\vdash			
			+				\vdash			
			-							
			 	. .			 -	2,114,843	3	607,783

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►10

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such				,
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο	

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

(A) Name and business address	(B) Description of services	(C) Compensation
champion exposition services 139 campanelli drive MIDDLEBOROUGH, MA 02346	decorating services	537,388
vista convention services 6804 delilah road PLEASANTVILLE, NJ 08232	decorating services	333,093
dock and marine construction 752 nw 79th street MIAMI, FL 33138	construction	308,659
edd helms electrical 17850 nw 5th avenue MIAMI, FL 33162	construction	302,125
chlopak lenard schechter associat 1850 M street suite 550 WASHINGTON, DC 20036	pr services	236,460
2 Total number of independent contractors (including those from the organization	·	23

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a			Revenue		512, 513, 01 514
まま	ь		ues					
등표			1b					
s, g	С	Fundraising ev	vents 1c					
慧	d	Related organ	ızatıons					
E.S.	e	Government gran	nts (contributions) 1e					
ा इं	f	All other contribut	tions, gifts, grants, and		İ			
Contributions, gifts, grants and other similar amounts		sımılar amounts i	not included above					
달	g		rıbutıons ıncluded ın					
ပ္မ	١.		4- 46)		0			
	h	rotai (Add iin	es 1a-1f) . . .	· · · · •				
œ.				Business Code				
Program Serwce Revenue	2a	BOAT SHOW REV		900,004	32,671,387	32,632,191	39,196	
	Ь	INDUSTRY ASSES		900,099	1,764,307	1,764,307		
- P3	С	MEMBER SERVICE	ES	900,099	2,027,550	2,027,550		
er v	d	IBEX, LLC		900,004	1,475,836	1,475,836		
3	e	MEMBERSHIP DU	ES	900,004	4,289,892	4,289,892		
⊕ra⊈	f	All other prog	ram service revenue					
<u>&</u>	g	Total. Add line ► \$ 42,228,97	es 2a-2f					
	3		come (including divi					
		other sımılar a	amounts)	🕌	284,735			284,735
	4	Income from inve	estment of tax-exempt be	ond proceeds	0			
	5	Royalties		•	0			
		Royalties :	(ı) Real	(II) Personal				
	6a	Gross Rents	122,500	. ,				
	ь	Less rental	112,206					
	c	expenses Rental income	10,294					
	d	or (loss)	ome or (loss)		10,294			10,294
		Wet remaining		▶	,			,
	7a	Gross amount from sales of assets other	(1) Securities 5,684,927	(II) O ther				
	ь	than inventory Less cost or other basis and sales expenses	6,392,306					
	С	Gain or (loss)	-707,379					
	d	Net gaın or (lo		▶	-707,379			-707,379
	8a		from fundraising cluding	·				
Other Revenue		1c) See Part <i>Atta</i> ch <i>Schedul</i>	ns reported on line IV, line 18 Ge G if total exceeds					
4	ь		xpensesb					
Ě	С		(loss) from fundrais	ing events	0			
0	9a	Gross income activities See Complete Sched exceeds \$15,00	e part IV , line 19 dule G if total	<u>*</u>				
	b c		xpensesb (loss) from gaming a	activities	0			
	10a	Gross sales o	f inventory, less lowances	•				
	ь		a goods sold b					
	С		(loss) from sales of		0			
	44-	Miscellaneou		Business Code 900,099	8,018	8,018		
	11a	OTHER INCO		900,099	18,000	18,000		
	Ь	AFFILIATE R		900,099	281,611	281,611		
	C	NMMA CANA	DA	500,039	201,011	201,011		
	d	All other reve						
	e	Total. Add line	es 11a-11d	 \$ 307,629				
	12	Total Revenue	. Add lines 1h, 2g, 3		42,124,251	42,497,405	39,196	-412,350

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).						
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,563,427				
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 U.S. See Part IV, lines 15 and 16	85,266				
4	Benefits paid to or for members	0				
5	Compensation of current officers, directors, trustees, and key employees	1,573,326				
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	6,695,106				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,505,441				
9	Other employee benefits	675,562				
10	Payroll taxes	547,527				
11	Fees for services (non-employees)					
а	Management	0				
b	Legal	235,483				
С	Accounting	70,200				
d	Lobbying	828,088				
e	Professional fundraising See Part IV, line 17	0				
f	Investment management fees	34,350				
g	Other	344,086				
12	Advertising and promotion	5,519,726				
13	Office expenses	898,817				
14	Information technology	338,013				
15	Royalties	, 0				
16	Occupancy	1,440,777				
17	Travel	441,723				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0				
19	Conferences, conventions and meetings	940,312				
20	Interest	0				
21	Payments to affiliates	0				
22	Depreciation, depletion, and amortization	3,765,222				
23	Insurance	561,668				
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)	,				
а	BOAT SHOW EXPENSE	15,543,011				
b	ENGINEERING STANDARDS	395,538				
c	REFERENCE MATERIALS	143,565				
	STORAGE RENTAL	93,757				
	MISCELLANEOUS	88,319				
f	All other expenses	75,156				
25	Total functional expenses. Add lines 1 through 24f	44,403,466				
26	Joint Costs. Check 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				orm 990 (2008)	

Part X	Balance	Sheet

						(A)		(E	
	1	Cash—non-interest-bearing				Beginning of year 1,725	1	End of	673
	2	Savings and temporary cash investments	• •			4,642,660			2,675,980
	3	Pledges and grants receivable, net				1,0 12,000	3		2,0,0,000
	4	Accounts receivable, net			•	12,988,616	-		7,074,488
	5	Receivables from current and former officers, directors, trustees		nlovees	or .	12,000,010			
	_	other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$					5		
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L					6		
	7	Notes and loans receivable, net			7				
	8	Inventories for sale or use				135,454	8		136,449
÷.	9	Prepaid expenses and deferred charges				3,672,703	9		1,741,751
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	é	5,211,101				
**	ь	Less accumulated depreciation Complete Part VI of	100						
		Schedule D	10b		5,237,524	1,625,584	10c		973,577
	11	Investments—publicly traded securities				8,907,415			7,769,515
	12	Investments—other securities See Part IV, line 11 $\it Complete Paschedule D$		630,529	12		1,750,837		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Section 11 Model 11 Model 11 Model 12 Model $			13				
	14	Intangible assets		5,621,989	14		2,572,500		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		766,531	15		665,433		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				38,993,206			5,361,203
	17	Accounts payable and accrued expenses .				3,150,296			1,910,184
	18	Grants payable				-,,	18		-,,
	19	Deferred revenue				27,009,100	19	1	5,419,934
	20	Tax-exempt bond liabilities					20		
<u>ن</u> ش	21	Escrow account liability Complete Part IV of Schedule D			21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
<u>ia</u>		persons Complete Part II of Schedule L		_			22		
_	23	Secured mortgages and notes payable to unrelated third parties				0	-		0
	24	Unsecured notes and loans payable					24		
	25	Other liabilities Complete Part X of Schedule D				5,557,305	-		4,672,379
	26	Total liabilities. Add lines 17 through 25				35,716,701	26		2,002,497
_		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete line:	s 27					
У		through 29, and lines 33 and 34.							
<u>a</u>	27	Unrestricted net assets				3,276,505	27		3,358,706
Balance	28	Temporarily restricted net assets					28		
Ξ	29	Permanently restricted net assets					29		
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d comple	ete					
Ö		lines 30 through 34.							
	30	Capital stock or trust principal, or current funds	•				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds				32		
Net	33	Total net assets or fund balances				3,276,505	33		3,358,706
_	34	Total liabilities and net assets/fund balances				38,993,206	34	2	5,361,203
Pa	rt XI	Financial Statements and Reporting							
								Yes	No

ParitXI	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	c If "Yes" to lines 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?			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

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DLN: 93493222009740

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ 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

• Se	ction 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or have filed Form 5768 (election under	section 501(h)) co	omplete Part II-A Do not cor	mplete Part II-B
	· / · /	have NOT filed Form 5768 (election up	,	h)) Complete Part II-B Don	ot complete Part II-A
	e organization answered "Yes ction 501(c)(4), (5), or (6) organiz	s," to Form 990, Part IV, Line 5 (Pro ations complete Part III	оху тах)		
Na	me of the organization	and the same of th		Employer iden	tification number
Nat	ional Marine Manufacturers Association			26 2260201	
Par	t I-A To be completed b	y all organizations exempt (ınder section	36-2369301 501(c) and section	527
		the instructions for Schedule C			
1	Provide a description of the org	anization's direct and indirect politic	al campaign acti	vities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	for Schedule C for de	y all organizations exempt uetails.)	ınder section	501(c)(3). (See the i	nstructions
1	Enter the amount of any excise	tax incurred by the organization und	er section 4955		\$
2	Enter the amount of any excise	tax incurred by organization manage	ers under section	4955	\$
3	If the organization incurred in a	section 4955 tax, did it file Form 47	⁷ 20 for this year?	,	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par		y all organizations exempt u	ınder section	501(c), except sect	ion 501(c)(3).
	•	for Schedule C for details.)			
1		nded by the filing organization for sec			\$
2	Enter the amount of the filing or 527 exempt funtion activities	rganızatıon's ınternal funds contrıbut	ed to other organ	izations for section	\$ 2,50
3	·	mpt function expenditures Add lines	1 and 2 and ente	ar here and on Form	\$ <u></u>
,	1120-POL, line 17b	input function expenditures. And fines	1 and 2 and ente	ir nere and on rom	\$
4	Did the filing organization file F o	orm 1120-POL for this year?			✓ Yes
5	were made Enter the amount political contributions received	d Employer Identification Number (E aid and indicate if the amount was pa and promptly and directly delivered ction committee (PAC) Ifadditional	id from the filing to a separate pol	organization's own internal itical organization, such as	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from	(e) A mount of politica

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-	
house democratic campaign committee	po box 2021 augusta, ME 04338	22-2695883	500	0	
leadership for maine's future	po box 476 newport, ME 04953	01-0536382	500	0	
senate democratic campaign committee	22 smith street augusta, ME 04330	01-0478979	1,000	0	
virginians for brian 4154 duke street alexandria, VA 22304			500	0	

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f Lobbying nontaxable amount Enter the amount from the following columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 The lobbying nontaxable at 20% of the amount on line 1e							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1				
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Pa			ler section 501(c)(3) that hav instructions for Schedule C for de		filed	Form		
				(a)	(b)		(b)	
			Y	es No		A moun	ıt	
1 a		ganization attempt to influence foreign pt to influence public opinion on a legis						
b	Paid staff or management (inclu	de compensation in expenses reported	d on lines c through i)?					
С	Media advertisements?							
d	Mailings to members, legislator	s, or the public?						
е	Publications, or published or bro							
f	Grants to other organizations fo	r lobbying purposes?						
g	Direct contact with legislators,	their staffs, government officials, or a	legislative body?					
h	Rallies, demonstrations, semina	ars, conventions, speeches, lectures, o	or any other means?					
i	Other activities If "Yes," descr	ribe in Part IV						
j	Total lines 1c through 1:			•				
2a	—	e the organization to be not described	ın section 501(c)(3)?					
b	If "Yes" enter the amount of any	y tax incurred under section 4912						
c	If "Yes" enter the amount of any	y tax incurred by organization managei	s under section 4912					
d	If the filing organization incurred	d a section 4912 tax, did it file Form 4	720 for this year?					
Par	t III-A To be completed	by all organizations exempt	under section 501(c)(4), sect	ion 501	(c)(5	5), or		
	section 501(c)(6). (See the instructions for Sched	ule C for details.)			1		
1	Were substantially all (90% or i	more) dues received nondeductible by	members?		1	Yes	No No	
2		in-house lobbying expenditures of \$2,			2		No	
3		arryover lobbying and political expendi			3		No	
			under section 501(c)(4), sect	ion 501	(c)(5	5). or		
	section 501(c)(6) if BOTH Part III-A, questions	1 and 2 are answered "No" C					
_	question 3 is ans Dues, assessments and similar	swered "Yes." (See the instructi	ons for Schedule C for details.)	1 \$		4 20	0.00	
1 2	1	lobbying and political expenditures (d	o not include amounts of political	1 \$		4,20	9,892	
а	Current Year			2a \$		1,40	1,753	
b	Carryover from last year			2b \$				
С	Total			2c \$			1,753	
3		ection $6033(e)(1)(A)$ notices of nonde	· ·	3 \$		1,13	6,009	
4	does the organization agree to o	ount on line 2c exceeds the amount or carryover to the reasonable estimate o	· · · · · · · · · · · · · · · · · · ·	/ ¢		26	5,744	
F	expenditure next year?	political expenditures (line 2c total m	inus 2 and 4)	4 \$ 5 \$		20	3,/42	
5		· · · · · · · · · · · · · · · · · · ·	inus 3 and 4)	> >				
Со	mplete this part to provide the de	scriptions required for Part I-A, line 1,	Part I-B, line 4, Part I-C, line 5, and P	art II-B, Iı	ne 1ı			
Als	o, complete this part for any add		T					
	Ident if ier	Return Reference	Explanatio	n				
Part	I-C, line 5		the filing organization made contribut section 527 political organization	ions from	ıts fur	nds to f	our	

Ident if ier	Return Kererence	Explanation
Part I-C, line 5		the filing organization made contributions from its funds to four section 527 political organization
		Schedule C (Form 990 or 990F7) 2008

Part IV Supplemental I	Part IV Supplemental Information								
Ident if ier	Return Reference	Explanation							

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

7

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization National Marine Manufacturers Association 36-2369301 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and

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

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

A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

. .

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- 4

► \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

▶- ⊈

b Assets included in Form 990, Part X

Cat No 52283D

Part	Organizations Maintaining Colle	ections of Art, His	tori	<u>cal Treasu</u>	res, or Other	Similar Asse	ts (co	ontinued)
3	Using the organization's accession and other reitems (check all that apply)	ecords, check any of th	ne fol	lowing that are	e a significant us	e of its collection		
а	Public exhibition	d	Γ	Loan or exch	ange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's colle Part XIV	ections and explain hov	w the	y further the o	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be						Yes	Г No
Par	Trust, Escrow and Custodial Ar Part IV, line 9, or reported an amo				nızatıon answe	ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custodiar included on Form 990, Part X?	n or other intermediary	for c	ontributions o	r other assets n	ot	Yes	Г No
b	If "Yes," explain why in Part XIV and complete	the following table						
						A mou	nt	
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	n 990, Part X, line 21?				Γ,	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pai	t V Endowment Funds. Complete if t						. Гант V	an ra Da alı
1_	Reginning of wear halance	(a)Current Year (b) Prior	rear (c) i w	Years Back (d)T	hree Years Back (e)	rour f	ears back
1a L	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year e	nd balance held as						
а	Board designated or quasi-endowment							
b	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the possessi	on of the organization	that	are held and a	dmınıstered for t	he		
	organization by	-					Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizations	•				3b		<u> </u>
4	Describe in Part XIV the intended uses of the c							
Par	t VI Investments—Land, Buildings,	and Equipment. S			·			
	Description of investment) Cost or other sis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1a	and			0	0			0
Ь	Buildings			0	0	0		0
c	_easehold improvements			0	1,070,034	880,248		189,786
d	Equipment			0	5,141,068	4,357,277		783,791
_ e	Other	<u> </u>		0	0	0		0
	. Add lines 1a-1e (Column (d) should equal Form	990, Part X, column (B,), line	10(c).)		▶		973,577
						Schedule D (F	orm 9	90) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 1:	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation - year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other TIME DEPOSITS	1,750,837		C
	4.750.007		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1,750,837		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
		Cost of end-of-	-year market value
Table (Colore (b) should awal 5 are 000 Bart V and (B) bart (2)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li	no 15		
(a) Descri			(b) Book value
DEPOSITS			98,742
DEFERRED COMPENSATION			554,968
RECEIVABLE-GROW BOATING INC			181
RECEIVABLE-MARINE CERTIFICATIO			0
RECEIVABLE-FDN FOR RECREATIONA			456
RECEIVABLE-PWIA			11,086
NECELY/IDEE 1 WIN			11,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15.)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
DEFERRED COMPENSATION-RESERVE	554,968		
RESERVE FOR MEDICAL INSURANCE	85,000		
ACCRUED PENSION	4,032,411		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	4,672,379		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	42,124,251
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	44,403,466
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,279,215
4	Net unrealized gains (losses) on investments	4	482,101
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,929,783
9	Total adjustments (net) Add lines 4 - 8	9	2,411,884
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	132,669
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		41,192,187
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
Ь			
c d	Recoveries of prior year grants		
e e	Add lines 2a through 2d	2e	466,395
3	Subtract line 2e from line 1	3	40,725,792
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	•	40,723,732
· a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	1,398,459
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	42,124,251
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	· ·
1	Total expenses and losses per audited financial statements	1	42,938,832
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	42,938,832
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	1,464,634
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	44,403,466

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, 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

Return Reference	Explanation
	Income from affiliate not included in the financial statements \$1,116,848 NMMA canada \$281,611
	Expense from affiliate not included in the financial statements \$1,167,316 investment \$(18,644) NMMA cananda \$281,611 MANAGEMENT FEES \$34,350
	MANAGEMENT FEES \$(34,350) investment \$18,644
	CUMULATIVE foreign currency ADJUSTMENT \$46,707 EFFECT OF ADOPTION OF SFAS 158 \$1,832,607 Income from affiliate not included in the financial statements \$1,116,848 Expense from affiliate not included in the financial statements \$1,167,316
	In december 2008, the fasb issued asc 740-10-65-1(e) (formerly fasb staff position fin 48-3, "effective date of fasb interpretation no 48 for certain nonpublic enterprises") asc 740-10-65-1(e) permits an entity within its scope to defer the effective date of asc 740 (formerly fasb interpretation no 48), "accounting for uncertainty in income taxes," to its annual financial statements for fiscal years beginning after december 15,2008 the association evaluates its uncertain tax positions using the provisions of asc 450, "contingencies" accordingly, a loss contingency is recognized when it is probable that a liability has been incurred as of the date of the financial statements and the amount of the loss can be reasonably estimated the amount recognized is subject to estimate and management's judgment with respect to the likely outcome of each uncertain tax position or for all uncertain tax positions in the aggregate could differ from the amount recognized
	Return Reference

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DLN: 93493222009740

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

Employer identification number

lati	onal Marine Manufacturers	s Association			36-23693	0.1
Pa				de the United States		
1	assistance, the grante	es the organiza ees' eligibility fo	ition maintain r or the grants or	ecords to substantiate to assistance, and the se	lection criteria used to	award
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of grant funds outs	ıde the
3	Activites per Region (U	se Schedule F-1	(Form 990) if add	ditional space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (a is a program service, describe specific type of service(s) in region	(f) Total expenditures in
lort	h A merica	1	10	Program Services	promo boatıng	3,736,624
[ot a	nle Þ	1	10			3,736,624

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	General Funding	16,317	checks			
		North America	general funding	16,317	checks			
		North America	general funding	16,316	checks			
		North America	general funding	16,316	checks			
		North America	education	20,000	checks			
		-						

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID: Software Version:

EIN: 36-2369301

Name: National Marine Manufacturers Association

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
		North America	General Funding	16,317	checks			
		North America	general funding	16,317	checks			
		North America	general funding	16,316	checks			
		North America	general funding	16,316	checks			
		North America	education	20,000	checks			

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DLN: 93493222009740 OMB No 1545-0047

Employer identification number

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public **Inspection**

National Marine Manufacturers A						36-2369301	
Part I General Inform 1 Does the organization mai the selection criteria used	ntaın records to sı		of the grants or assistan				Г Yes ▽
2 Describe in Part IV the org							
Form 990, Part IV Part IV and Sche	V, line 21 for an dule I-1 if additi	y recipient that rece ional space is		0. Check this box if	es. Complete if the or		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
national youth marine alliance INC2 Lilac Dr Westerly, RI 02891	20-3807605	501(C)(3)	16,820				general funding
AMERICAN SPORTFISHING ASSOCiation225 REINEKERS LANE alexandria,VA 22314	36-2426853	501(C)(6)	50,000				general funding
AMERICAN RECREATION COALITION1225 New York Ave NW washington, DC 20005	52-1167602	501(C)(3)	26,300				general funding
grow boating inc200 east randolph drive suite 5100 chicago, IL 60601	20-4130169	501(C)(6)	1,464,307				general funding
wish a fish foundation INC 1346 Brenda Road Severn,MD 21144	01-0558045	501(c)(3)	6,000				general funding
2 Enter total number of sect		_	•	_			3
organizations 3 Enter total number of othe							• 2

		ce to Individua ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or as	ssistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	on. Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

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DLN: 93493222009740

Employer identification number

OMB No 1545-0047

Schedule J

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

National Marine Manufacturers Association

(Form 990)

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.

	36-2369301			
Pa	rt I Questions Regarding Compensation			
			Yes	Νo
la	Check the appropiate 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			
	First class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	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			
	Form 990 of other organizations Approval by the board or compensation committee			
1	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only 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			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
5	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			
а	The organization?	6a		
b	Any related organization?	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 payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
3	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			

ın Part III

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
thomas dammrıch	(1) (11)		59,368 0	, o	208,571	3,226 0	670,238 0	0	
nelson b wold	(1) (11)		35,316 0	0	124,966	13,346 0	429,730 0	0	
craig boskey	(ı) (ıı)		21,000	0	32,162 0	13,096 0	235,942 0	0	
carl blackwell	(ı) (ıı)		17,648 0	0	23,989	5,452 0	237,416 0	0	
thomas marhevko	(ı) (ıı)		13,230	0	53,101 0	4,922 0	196,665 0	0	
cathy a rick joule	(ı) (ıı)		6,503 0		26,508 0	9,360 0	184,410 0	0	
lında waddell	(ı) (ıı)		6,675 0		12,232	4,601 0	193,574 0	0	
John mcknight	(ı) (ıı)		10,000	1	36,114 0	5,544 0	181,408 0	0	
maureen healey	(ı) (ıı)		8,000	0	25,329 0	5,264 0	200,698 0	0	
scott gudes	(ı) (ıı)		0	, 0	0	0	192,545 0	0	
	(i)								
	(ii)								
	(i)		ļ	<u> </u>	<u> </u>				
	(ii)		 	 	 '				
	(i)		<u> </u>	 	 '				

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 for any additional information

Ident if ier	Return Reference	Explanation
PARTILINE 4B		NATIONAL MARINE MANUFACTURERS ASSOCIATION (nmma), INC HAS A DEFINED BENEFIT PENSION PLAN COVERING SUBSTANTIALLY ALL EMPLOYEES OF NMMA WITH OVER ONE YEAR OF SERVICE NMMA HAS A PROFIT SHARING AND SAVINGS PLAN 401(K) PLAN THAT COVERS SUBSTANTIALLY ALL FULL TIME EMPLOYEES NMMA MATCHES 50% OF EMPLOYEES' CONTRIBUTIONS CERTAIN OFFICERS PARTICIPATE IN A NON-QUALIFIED, UNFUNDED SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (SERP)

Schedule J (Form 990) 2008

Software ID: Software Version:

EIN: 36-2369301

Name: National Marine Manufacturers Association

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation		SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
c		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
thomas dammrıch	(I) (II)	399,073 0	59,368 0	0	208,571 0	3,226 0	670,238 0	0
nelson b wold	(I) (II)	256,102 0	35,316 0	0	124,966 0	13,346 0	429,730 0	0
craig boskey	(I) (II)	1	21,000	0	32,162 0	13,096 0	235,942	0
carl blackwell	(I) (II)	190,327 0	17,648 0	0	23,989	5, 4 52 0	237,416 0	0
thomas marhevko	(I) (II)	125,412 0	13,230	0	53,101 0	4,922 0	196,665 0	0
cathy a rick joule	(ı) (ıı)	142,039 0	6,503 0	0	26,508 0	9,360 0	184,410 0	0
lında waddell	(ı) (ıı)	170,066 0	6,675 0	0	12,232	4,601 0	193,574 0	0
john mcknight	(I) (II)		10,000	0	36,114 0	5,544 0	181,408 0	0
maureen healey	(I) (II)		8,000	0	25,329 0	5,26 4 0	200,698	0
scott gudes	(I) (II)		0	0	0	0	192,545	0

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

DLN: 93493222009740

Open to Public Inspection

Name of the organization

National Marine Manufacturers 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

36-2369301

ldentifier	Return Reference	Explanation
Part III-other program services		Conduct seminars and conferences to generally educate communities and individuals as well as to generate interest in the boating industry

ldentifier	Return Reference	Explanation
form 990, part vi, section a, line 10		The EXECUTIVE COMMITTEE, president AND CFO of the organization review the tax return and the CFO IS AUTHORIZED TO sign the tax return

ldentifier	Return Reference	Explanation
form 990, part vi, section b, line 12c		Each new director receives and signs a form noting their compliance with the policy, which requires immediate notification of any conflict of interest

ldentifier	Return Reference	Explanation
form 990, part vi, section b, line 15B		Any change in the President of NMMA's salary is determined by the executive committee, a body that is comprised of eight members of the board of directors. The powers to determine executive compensation is vested in the executive committee under NMMA's by-laws for use in determining compensation, the executive committee reviews the national compensation study of association chief staff executives, published by the american research company.

ldentifier	Return Reference	Explanation
form 990, part vi, section c, line 19		the organization makes its governing documents available upon request it distributes the conflict of interest policy to board members and employees the internal financial statement is distributed to the board monthly, and it is included in the annual report and independently prepared financial statement and is available to all members and to all others upon request. Craig Boskey, 231 south lasalle street, suite 2050, chicago, il 60604-0027

ldentifier	Return Reference	Explanation
form 990, part vı, section a, line 2		name of director thomas dammrich name of related entity grow boating, inc, marine certification, inc, found for recreational boating, safety education & environmental awareness relationship common board member name of director nelson bwold name of related entity found for recreational boating, safety education & environmental awareness relationship common board member name of director craig boskey name of related entity found for recreational boating, safety education & environmental awareness relationship common board member

ldentifier	Return Reference	Explanation
form 990, part v, line 1a		72 canadians employees received t4a's

ldentifier	Return Reference	Explanation
additional information- income taxes		the internal revenue service has determined that national marine manufacturers association is exempt from federal income taxes related to its exempt purpose under section 501(c)(6) of the internal revenue code national marine manufacturers association's canadian operations are also exempt from federal taxes under canadian law

ldentifier	Return Reference	Explanation
schedule R Part II		marine certification, inc , a related organization, was formally dissolved on June 24, 2009

ldentifier	Return Reference	Explanation
FORM 990, pART v		THE TOTAL NUMBER OF 904 EMPLOYEES REPORTED ON FORM W-3 INCLUDE 742 seasonal/TEMPORARY EMPLOYEES

Identifier	Return Reference	Explanation
form 990- additional info		this tax return includes the information of national marine manufacturers association (nmma) and the personal watercraft industry association (PWIA). PWIA focuses on the personal watercraft segment of the recreational boating industry all the members of pwia are also members of nmma, the audited financial statements include the information for nmma, the tax return includes the information for both, although not included in the audited financial statements, nmma, and pwia share the same members, same employees, same office space, and same mission the amounts not reflected in the financial statements but reflected on this return include net assets of pwia of \$426,397, revenues of \$1,116,848 AND EXPENSES OF \$1,167,316

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493222009740

OMB No 1545-0047

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Name of the organization

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

Open to Public Inspection

Employer identification number

National Marine Manufacturers Association				36-2369301	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3)	(F) Direct controlling entity
Grow Boating Inc					
231 south lasalle st suite 2050 chicago, IL606040027 20-4130169	promo boating	IL	501(c)(6)		
Found for Recreational Boatingsafety 231 south lasalle st suite 2050 chicago, IL606040027 36-3602212	promo safety	IL	501(c)(3)	7	
marine certification inc 200 EAST RANDOLPH DRIVE suite 5100 chicago, IL60601 20-4411052	promo boating	IL	501(c)(6)		
the national marine bankers association 231 south lasalle st suite 2050	FINANCE BOAT	IL	501(C0(6)		
CHICAGO, IL606040027 31-1125373					

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controll entity	incom	(E) dominant ne(related, estment, related)	(F) Share of tot) al income	(G) Share of end-of- assets	-year	(H Disprop allocat	l) ortionate :ions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	J) ral or aging ner?
										Yes	No		Yes	No
IBEX LLC PO BOX 78 NASKEAG ROAD BROOKLIN, FL04616 83-0357626	MARINE IND TRADE	FL		RELATED			1,479,019		0		No	0		No
Part IV Identification of Rela	nted Organiza	tions Tax	able as a C	orporatio	1 or Trus	t								
(A) Name, address, and EIN of related organization	(B) Primary acti	vity		(C) Legal domicile (state or foreign country)	e Di	(D) rect controlling entity	(E) Type of e (C corp, S or trus	corp,	total	er	(G) Share of nd-of-ye assets	(H) Fercentage ar ownership		

Part V	Transactions with Related Organizations
--------	---

Pa	art V Transactions with Related Organizations		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV	Ye	es N
L D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		N
b	Gift, grant, or capital contribution to other organization(s)	Ye	s
c	Gıft, grant, or capital contribution from other organization(s)		N
d	Loans or loan guarantees to or for other organization(s)		N
e	Loans or loan guarantees by other organization(s)		N
f	Sale of assets to other organization(s)		H _N
	Purchase of assets from other organization(s)		N
_	Exchange of assets 1h		─ N
	Lease of facilities, equipment, or other assets to other organization(s)		N
			\top
j	Lease of facilities, equipment, or other assets from other organization(s)		N
k	Performance of services or membership or fundraising solicitations for other organization(s)		N
1	Performance of services or membership or fundraising solicitations by other organization(s)	Ye	:s
m	n Sharing of facilities, equipment, mailing lists, or other assets	Ye	es es
n	Sharing of paid employees	Ye	:s
0	Reimbursement paid to other organization for expenses		N
p	Reimbursement paid by other organization for expenses		N
q	Other transfer of cash or property to other organization(s)		N
r	O ther transfer of cash or property from other organization(s)		N

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	grow boating inc	1b	1,464,307
(2)	grow boating inc	1l,1m	565,827
(3)	Foundfor Recreational Boating safety edu	1k,1n	88,113
(4)			
(5)			
(6)			

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

Part VI 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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Dispropitionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID: Software Version:

EIN: 36-2369301

Name: National Marine Manufacturers Association

Form 990, Part VII - Section Aaa

Porm 990, Part VII - Section Aaa		Posit t	(C lon (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
bob hallengren , dırector	2 0	Х						0	0	0
scott deal , director	2 0	Х						0	0	0
fred sherrerd , director	2 0	Х						0	0	0
davıd slıkkers , dırector	2 0	Х						0	0	0
chuck rowe , director	2 0	Х						0	0	0
andy graves , director	2 0	Х						0	0	0
terry carlson , director	2 0	Х						0	0	0
wayne burdick , director	2 0	Х						0	0	0
maurice bowen , director	2 0	Х						0	0	0
rıck layzell , dırector	2 0	Х						0	0	0
shirley davenport , director	2 0	Х						0	0	0
john dorton , dırector	2 0	Х						0	0	0
philip dyskow , director	2 0	Х						0	0	0
jim frye , director	2 0	Х						0	0	0
bob menne , dırector	2 0	Х						0	0	0
tommy trabue , director	2 0	Х						0	0	0
bill watters , director	2 0	Х						0	0	0
krıs carroll , dırector	2 0	Х						0	0	0
roger cloutier , director	2 0	Х						0	0	0
tom bingham , director	2 0	Х						0	0	0
craig clawson , director	2 0	Х						0	0	0
michele goldsmith , director	2 0	Х						0	0	0
marcıa kull , dırector	2 0	Х						0	0	0
greg lentine , director	2 0	Х						0	0	0
steve lochmuller , director	2 0	Х						0	0	0
tım mcdonnell , dırector	2 0	Х						0	0	0
gary potter , director	2 0	Х						0	0	0
chuck thurman , director	2 0	Х						0	0	0
duane kuck , director	2 0	Х						0	0	0
roger hagie , director-pwia	2 0	Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	1									
		Posit t	(C lion (l hat a	chec		I			(-)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
alaın vıllemure , dırector - pwıa	2 0	Χ						0	0	0
jım spicher , director - pwia	2 0	Х						0	0	0
medeleine uran , director - pwia	2 0	Х						0	0	0
thomas dammrıch , president	35 0			Х	Х			458,441	0	211,797
craig boskey , vp and cfo	35 0			Х	Х			190,684	0	45,258
jason pajonk-taylor , vice chairman	2 0			Х				0	0	0
joan maxwell , treasurer	2 0			Х				0	0	0
mark schwabero , secretary	2 0			Х				0	0	0
nelson b wold , executive vp	35 0				Х			291,418	0	138,312
carl blackwell , vp marketing and comm	35 0				Х			207,975	0	29,441
thomas marhevko , vp certification programs	35 0					х		138,642	0	58,023
cathy a rick joule , vp shows	35 0					Х		148,542	0	35,868
lında waddell , vp shows	35 0					Х		176,741	0	16,833
john mcknight , VP of government relations	35 0					х		139,750	0	41,658
maureen healey , Executive director - pwia	35 0					х		170,105	0	30,593
scott gudes , V-president governmt relation	35 0					х		192,545	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

<u> </u>					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a BOAT SHOW REVENUE	900,004	32,671,387	32,632,191	39,196	
b INDUSTRY ASSESSMENT	900,099	1,764,307	1,764,307		
c MEMBER SERVICES	900,099	2,027,550	2,027,550		
d IBEX, LLC	900,004	1,475,836	1,475,836		
e MEMBERSHIP DUES	900,004	4,289,892	4,289,892		