

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

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)

OMB No 1545-0047

Department of the Treasury

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

Open to Public

	_										
	<u>A</u>	For th	ne 2009 ca	alendar	year, or tax year beginning ,	2009, and	ending			, 20	
	В	heck if	applicable	Please	C Name of organization Marine Preservation Assoc	ciation			D Emplo	yer identification number	
			change	use IRS label or	Doing Business As				86	0662511	
			hange	print or	Number and street (or PO box if mail is not delivered to street add	ress) F	Room/suite		E Teleph	one number	
		nitial re	-	type. See	8777 N. Gainey Center Drive		16	55	(480)	991-5500	
	$\overline{}$	ermina		Specific Instruc-	City or town, state or country, and ZIP + 4						
			ed return	tions.	Scottsdale, Arizona 85258].	G Gross r	ecepts \$ 82,457,570	
			on pending	F Nan	ne and address of principal officer: Brett G. Drewry					n for affiliates? Yes No	
		ppiicau	on pending		ss same as C. above					included? Yes No	
	$\overline{}$	Tax-ex	empt status		01(c) (6)◀ (insert no)					included? Lives Live a list (see instructions)	
			ite: ► wv					H(c) Group ex		•	
					oration ☐ Trust ☐ Association ☐ Other ▶	1 Year of	f formation			f legal domicile: AZ	
		rt I		<u>-</u>	nation C Trion C 700000000 C Outer P	12 102 0	TOTTIQUOT	1990	W Cuito C	riega dominio. AZ	
		_			Alexander and a second a second and a second a second and	- 41 141	To prom	note the w	olforo o	nd interests of the	
		1	Briefly de	escribe	the organization's mission or most significant ac energy industry and the related petroleum tra	ctivities:	lon indu	oter the		to to belothers	
	8				ress the problems caused by discharges of oil						
	lan.		mausun	es auu	ess the problems caused by discharges of on	and per	roieum p	roducis	n water	í. 	
	, F	_									
	g				If the organization discontinued its operations or disposed		nan 25% ot	its net asset		1	
	ಷ				g members of the governing body (Part VI, line	-				9	
	ţ			-	pendent voting members of the governing body	(Part VI,	line 1b)			9	
	Activities & Governance				employees (Part V, line 2a)				. 5	5	
SHI	ĕ				volunteers (estimate if necessary)				6	0	
					lated business revenue from Part VIII, column (C		!		7a	0	
9	-2	b	Net unrel	lated bu	usiness taxable income from Form 990-T, line 34	ŀ <u>.</u>	 .	<u> </u>	. 7b	0	
2010								Prior Yea		Current Year	
	PSWO				nd grants (Part VIII, line 1h)			78,4	86,212	82,457,570	
7 7	캃	9	Program	service	revenue (Part VIII, line 2g)		0	0			
	ăí	10	Investme	nt inco	me (Part VIII, column (A), lines 3, 4, and 7d) .			6	47,848	259,680	
_		11	Other rev	/enue (f	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	d 11e)			0	0	
•	Щ	12	Total reve	enue-a	dd lines 8 through 11 (must equal Part VIII, column	(A), line 1	2)	79,1	34,060	82,717,250	
980		13	Grants ai	nd sımi	lar amounts paid (Part IX, column (A), lines 1-3)			68,0	00,000	75,707,000	
900	_	14	Benefits	paid to	or for members (Part IX, column (A), line 4) .		🖵		0	0	
	Expenses	15	Salaries, d	other co	mpensation, employee benefits (Part IX, column (A)	, lines 5-1	10)	6	00,779	466,401	
	ē	16a	Professio	nal fund	draising fees (Part IX, column (A), line 11e)				0	0	
	面	b	Total fund	draising	expenses (Part IX, column (D), line 25) ▶		0	· · ·	Art and	m 1 6 - 1 2 m 1 5 5	
		17	Other exp	penses	(Part IX, column (A), lines 11a-11d, 11f-24f) .				85,983	271,902	
		18	Total exp	enses.	Add lines 13-17 (must equal Part IX, column (A)), line 25)) L	68,6	86,762	76,445,303	
m					penses. Subtract line 18 from line 12	<u> </u>		10,4	47,298	6,271,947	
ÇA	5 g						Beg	inning of Cur	ment Year	End of Year	
⋧	sets alan	20	Total ass	ets (Pa	rt X, line 16)			26,3	28,796	33,873,590	
NAMO	Net Ass Fund Be			-	Part X, line 26)			8,4	56,659	9,729,507	
m	\$ <u>5</u>				nd balances. Subtract line 21 from line 20.			17,8	72,137	24,144,083	
D	Pa	rt II	Signa	ature	Block						
			Under pe	nalties of	perjury, I declare that I have examined this return, including ac	companyin	g schedules	s and statem	ents, and t	to the best of my knowledge	
DEC			and belie	7, 11 IS 11U	e, correct, and complete. Declaration of preparer (other than o	officer) is ba	ased on all i	intormation o	of which pr	eparer has any knowledge	
	Sig	n	1	152	ut Truve				เปเรไ	φ.	
69	Hei		Sign	aty of o	officer .			Date	1 1		
00			1	Res.	H Drewey, President &	chie	LExec	utere C	24:4	• •	
2			Туре	or print	name and title			-		<u></u>	
<u> </u>			Preparer'	٠,		Date	Check	: if	Preparer's i	dentifying number	
	D-:-4		signature				self- emplo		(see instruc		
	Paid	_						,			
		arer's	Firm's na		purs \	<u> </u>	<u> </u>	EIN	<u> </u>		
	Use	Uniy	if self-em address,		+4 🖊			Phone no.	. • ()	
	Mav	the			return with the preparer shown above? (see ins	tructions)	1	• • •	. Yes No	
					-			O-1 N -1-			
	ror	LUA9	JY ACT BRI	u raper	work Reduction Act Notice, see the separate instru	uctions.		Cat. No. 112	282Y	Form 990 (2009)	

Par	t III Statement of Program Service Accomplishments
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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the 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 \$75,707,000 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.
46	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
	······
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Pai	t 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		~
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 similar funds or 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		v
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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_		v
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	~	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		~
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? 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		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		<i>y</i>
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	لـــل	'

Pai	The Checklist of Required Schedules (continued)	,		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_	v	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	,	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		,
С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<i>y</i>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		V
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 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		v
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		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	,	
			000	(0000)

Par	t 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ľ		
	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		V
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		—
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		v
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		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		-
b	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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	71		
_	required?	7h	سنين	التنوا
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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 amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management		,	
		l see	Yes	No
1a	Enter the number of voting members of the governing body	300		, -
b	Enter the number of voting members that are independent	1		7.3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2772	(E. y. r.	7.5
	any other officer, director, trustee, or key employee?	2	~	<u> </u>
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		<u>/</u>
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	l _ '		
	of the governing body?	7a	-	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	· g. · ·	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	4	10 F2	
	the year by the following:	ستثنيد	136	لمنقطأ
	The governing body?	8a	-	
þ	Each committee with authority to act on behalf of the governing body?	_8b_	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ا ₋ ا		
<u></u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	L	
	tion B. Policies (This Section B requests information about policies not required by the Inte	3111di		
. 101	side Code.,		Yes	No
40-	Done the assessment of house level observed because of the total	10a	103	<u> </u>
	Does the organization have local chapters, branches, or affiliates?	.08		Ť
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	.00		
• •	form?	11		~
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	. F. Dal	# (3 4)	7 26
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	~	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
٠	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	1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	100	33.3	
а	The organization's CEO, Executive Director, or top management official	15a	~	<u> </u>
b	Other officers or key employees of the organization	15b	CD.7	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1	A SECTION	الأجران
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	2000		
	with a taxable entity during the year?	16a	-3L 2.	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			A
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	7,12,16 - Table 18	entraction.	-
	the organization's exempt status with respect to such arrangements?	16b		
	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(or	:)(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	State the name, physical address, and telephone number of the person who possesses the books and recoorganization: Dana Schneider, 8777 N. Gainey Center Drive, Suite 165, Scottsdale, Arizona 85258, 480	rds o - 991 -	t the 5500	

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 co	ompensate	any o	curre	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (check all that app						Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Robert Baldwin	0								0	
Director] "	~						0		0
Leon Crites	0							0	o	0
Director/Treasurer		~	<u> </u>	~	_	ļ	_	·		
Marjorie Dawson Director	0	,						0	0	0
Brett Drewry Director/President/CEO/Secretary	50	,		,				208,189	0	56,041
William Lerch Director	0	,						0	0	0
George McShea, Jr.	0	v						0	0	0
Director Martin Padilla	0						 	0	0	0
T.F. Plummer	0	V						0	0	
Director/Chairperson		~	<u> </u>	~			┡		•	
Peter Velez Director	0	,						0	0	0
Robert Aldag Former Director/President/CEO	0						,	49,464	0	0
John Covert Former Director/President/CEO	0						,	52,000	0	8,320
Tornici Bircolom Testachioce										

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (c	ontinued)
	(A)	(B)			(6	C)		(D)		(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	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
	••••						<u>a</u>		_		
					-	-					
								L			
					_			ļ 			
						_					
										· · · · · · · · · · · · · · · · · · ·	
	Total			·-		<u> </u>	•	>	309,653		64,361
2	Total number of individuals (including but i reportable compensation from the organization)	not limited ation ▶ 1	to the	ose	liste	ed a	above) WI	no received me	ore than \$100,0)00 in
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	er, director	or tru	uste	e, l	cey vidu	emple	oye	e, or highest o	ompensated	Yes No
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	greater tha	ın \$15	50,0	100?	If "	Yes,"				4 4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com	oen:	sati	on 1	rom	any uch	unrelated org	anization for	5 🗸
<u>Se</u>	ction B. Independent Contractors					_					
<u> </u>	Complete this table for your five highest or compensation from the organization.	ompensate	d ind	epe	nde	ent d	contra	cto	rs that receive	d more than \$	100,000 of —–————
	(A) Name and business add	tress					_		(B) Description of s	ervices	(C) Compensation
_							-		-		
										-	
2	Total number of independent contractors (i					to	those	list	ed above) who	received F	

Par	t VII	Statement of Revenue				1
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इस इस	1a	Federated campaigns 1a 0				
를 걸	b	Membership dues 1b 82,457,570]			
an S	C	Fundraising events 1c 0				
# <u>a</u>	d	Related organizations 1d 0				!
Contributions, gifts, grants and other similar amounts	e	Government grants (contributions). 1e 0				
itioi er s	f	All other contributions, gifts, grants,]			
혈奏		and similar amounts not included above 1f 0	}			!
E P	g	Noncash contributions included in lines 1a-1f: \$ 0				
<u>ੂਨ</u> ≅	h	Total. Add lines 1a–1f	82,457,570			
9		Business Code				
ē.	2a					
æ	b					
.8ੂ	C					
Ź	d					
Ē	e					
Program Service Revenue	f	All other program service revenue .				
<u> </u>	9	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest, and			_	_
		other similar amounts) ▶	259,680	259,680	0	0
	4	Income from investment of tax-exempt bond proceeds	0	0	0	
	5	Royalties	0	0	0	0
		(i) Real (ii) Personal				
	6a	Gross Rents 0 0				
	b	Less: rental expenses 0 0		,		
		Rental income or (loss) 0 0		 _		
	d	Net rental income or (loss) ▶	0	0	0	0
	7a	Gross amount from sales of (i) Secunties (ii) Other				
		assets other than inventory 0 0				i
	b	Less: cost or other basis				
		and sales expenses . 0 0				j
		Gaill O (loss)				<u> </u>
	d	Net gain or (loss)	0	0	0	0
Revenue	8a	Gross income from fundraising events (not including \$				
ē		Less: direct expenses b 0	1 1			
Other	C	Net income or (loss) from fundraising events	0	0	0	0
_			<u> </u>			
	ya	Gross income from gaming activities. See Part IV, line 19 a0				
	Ь	Less: direct expenses b 0	1			
		Net income or (loss) from gaming activities ▶	0	0	0	0
	10a	Gross sales of inventory, less				
		returns and allowances a0]
	Ь	Less: cost of goods sold b 0]			
		Net income or (loss) from sales of inventory	0	0	0	0
		Miscellaneous Revenue Business Code		•		
	11a					
	Ь					
	ء					
	d	All other revenue				
		Total. Add lines 11a–11d	0			
	12	Total revenue. See instructions.	82,717,250	82,717,250		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 50 All other organizations must complete column				(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	75,707,000			
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 U.S. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	251,065			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	148,807			·
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,087			
9	Other employee benefits	27,724			
10	Payroll taxes	24,718			
11	Fees for services (non-employees):				
а	Management				
b	Legal	85,191			
	Accounting	16,290			
d	Lobbying	0	. <u> </u>		
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other				
12	Advertising and promotion	22,050			
13	Office expenses	28,489			
14	Information technology	3,609			
15	Royalties	0 66,570			
16	Occupancy	48,021			
17	Travel	40,021			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	20,806			
20	Interest	0		· · · · · · · · · · · · · · · · · · ·	-
21	Payments to affiliates	4,391			
22 ~~	Depreciation, depletion, and amortization.	7,761			<u> </u>
23 24	Other expenses. Itemize expenses not covered above. (Expenses grouped together	7,701			
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Dues and Subscriptions	6,022			<u> </u>
Ь	Payroll Processing	4,264			
C	Taxes and Licenses	407			
d	Net Liability Write-Down	(41,969)			
е				<u> </u>	
f 25	All other expenses	76,445,303			
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	. 0,773,000	,		

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	1.550	1	9,10
2	Cash—non-interest-bearing	· 	2	33,806,32
3		· 	3	00,000,01
4	Pledges and grants receivable, net	31,950	4	37,18
l '		•	-	5,,,,,
5	Receivables from current and former officers, directors, trustees, k employees, and highest compensated employees. Complete Part II	,		
	Schedule L		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	•	8	
9	Prepaid expenses and deferred charges	•		9,63
10a	Land, buildings, and equipment: cost or 10a 156,			
IVa	other basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation 10b 144,	897 15,244	10c	11,33
		1 _	11	
11	Investments—publicly traded securities	•	12	
12	Investments—other securities. See Part IV, line 11	•	13	
13	Investments—program-related. See Part IV, line 11	• ———		
14 15	Intangible assets	• – – – – – – – – – – – – – – – – – – –	15	-
16	Other assets. See Part IV, line 11	26,328,796	_	33,873,59
				486,05
17	Accounts payable and accrued expenses		18	7,472,00
18	Grants payable	•		
19	Deferred revenue		20	1,771,45
20	Tax-exempt bond liabilities	•	21	
21	Escrow or custodial account liability. Complete Part IV of Schedule		21	
22	Payables to current and former officers, directors, trustees, k			
	employees, highest compensated employees, and disqualifi persons. Complete Part II of Schedule L		22	
			-	
23	Secured mortgages and notes payable to unrelated third parties .	•	23	
24	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D		24 25	
25 26	Total liabilities. Add lines 17 through 25			0.700.50
20	Organizations that follow SFAS 117, check here ▶ ☑ all complete lines 27 through 29, and lines 33 and 34.		20	9,729,50
27	_	17,872,137	27	24,144,08
	Unrestricted net assets	. 17,072,107	28	24,144,00
28	Temporarily restricted net assets	. 0	29	
29	Permanently restricted net assets	•	23	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	-		
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
32	Retained earnings, endowment, accumulated income, or other fund	ds	32	
33	Total net assets or fund balances	. 17,872,137	33	24,144,08
34	Total liabilities and net assets/fund balances	. 26,328,796		33,873,59

Pai	t XI Financial Statements and Reporting	-	-			
			Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	La Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Were the organization's financial statements audited by an independent accountant?	2b_	~			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	/			
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a consolidated basis, separate basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
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		~		
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b				

Form **990** (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Mar	ne Preservation Association		86 : 0662511
Pa	Organizations Maintaining D	onor Advised Funds or Other Similar	
	the organization answered "Ye	s" to Form 990, Part IV, line 6.	. Lines of Aleccanics complete in
		(a) Donor advised funds	(b) Funds and other accounts
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 an	d donor advisors in writing that the assets hoject to the organization's exclusive legal co	eld in donor advised ntrol? Yes . No
6	Did the organization inform all grantees, used only for charitable purposes and no	donors, and donor advisors in writing that gr	rant funds can be or, or for any other
Pa	Conservation Easements. Con	benefit?	to Form 990, Part IV, line 7.
$\overline{1}$		eld by the organization (check all that apply).	
•	Preservation of land for public use (e.		n of an historically important land area
	☐ Protection of natural habitat		on of a certified historic structure
	☐ Preservation of open space		m of a continue motorio of dotale
2		ization held a qualified conservation contribut	tion in the form of a conservation
	,,,,,,,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation	easements	2b
C		certified historic structure included in (a) .	
d		ded in (c) acquired after 8/17/06	
3		fied, transferred, released, extinguished, or t	
3	the tax year >	med, transferred, released, extinguished, or t	the organization during
4	Number of states where property subject	to conservation easement is located ▶	
5		cy regarding the periodic monitoring, inspec	
	violations, and enforcement of the conse	rvation easements it holds?	Yes No
6	Staff and volunteer hours devoted to mo	nitoring, inspecting, and enforcing conservation	ion easements during the year
7		ng, inspecting, and enforcing conservation e	anomanta durina tha usar
•	►\$	ig, inspecting, and emorcing conservation e	asements during the year
8	Does each conservation easement report	ed on line 2(d) above satisfy the requirement	to of postion
Ü		· · · · · · · · · · · · · · · · · · ·	
9		n reports conservation easements in its reve	
_	balance sheet, and include, if applicable,	the text of the footnote to the organization's	s financial statements that describes
	the organization's accounting for conserv	ation easements.	
Pai	Organizations Maintaining Col Complete if the organization ans	lections of Art, Historical Treasures, or swered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a	art, historical treasures, or other similar as	under SFAS 116, not to report in its revenue sets held for public exhibition, education, or re to its financial statements that describes	esearch in furtherance of public service,
b	historical treasures, or other similar asset provide the following amounts relating to		search in furtherance of public service,
		VIII, line 1	
2	If the organization received or held work following amounts required to be reporte	s of art, historical treasures, or other similar d under SFAS 116 relating to these items:	assets for financial gain, provide the
а		, line 1	, . ▶ \$
b			

P	106	. 2

Par	t III Organizations Maintair	ing C	Collections	of Art, H	istori	cal Treasure	s, or O	ther Similar A	Assets (continued)
3	Using the organization's acquisition collection items (check all that app		ession, and o	other reco	ords, c	heck any of th	ne follow	ing that are a	significa	nt use of its
а	Public exhibition			ď		Loan or exch				
b	Scholarly research			е	\sqcup	Other				
C	Preservation for future general	tions								
4	Provide a description of the organi Part XIV.	zation	i's collections	s and exp	olain ho	ow they furthe	er the or	ganization's ex	empt pu	urpose in
5	During the year, did the organization assets to be sold to raise funds rather	solicit er than	t or receive do to be mainta	onations o ained as p	fart, h art of t	nistorical treasi the organizatio	ures, or c on's colle	other similar ction?		res 🗌 No
Par	Escrow and Custodial A IV, line 9, or reported an						answer	ed "Yes" to Fo	orm 990	, Part
										res 🗌 No
b	If "Yes," explain the arrangement in	n Part	XIV and con	nplete the	follov	ving table:		· · · · · · · · · · · · · · · · · · ·		
								· /	Amount	
C	Beginning balance						. 1c			
d	Additions during the year						. <u>1d</u>	ļ		
е	Distributions during the year						. <u>1e</u>	ļ		
f	Ending balance						. 1f]		
2a b	Did the organization include an am If "Yes," explain the arrangement in	Part	XIV.							res ∐ No
Par	t V Endowment Funds. Co	mple	ete if the or	ganızatio	n ans	wered "Yes'	to For	m 990, Part I	V, line 1	10.
		(a)	Current year	(b) Pric	or year	(c) Two year	rs back	(d) Three years bac	:k (e) Fo	ur years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities							-		
	and programs									
f g	Administrative expenses End of year balance									
2	Provide the estimated percentage	of the	vear end ba	lance held	d as:					
а	Board designated or quasi-endowr									
ь	Permanent endowment ▶									
C	Term endowment ▶		-							
3a	Are there endowment funds not in the		ssession of th	ne organiz	ation t	hat are held a	nd admi	nistered for the	,	
	organization by:									Yes No
	(i) unrelated organizations								3a(i)
									3a(i	
ь	If "Yes" to 3a(ii), are the related org	janiza	tions listed a	is required					3b	
4	Describe in Part XIV the intended u						_		,	
Par	t VI Investments—Land, B	uildin	igs, and Eq	uipment	t. See	Form 990, F	Part X, li	ne 10.		
	Description of investment		(a) Cost or of (investm			Cost or other asis (other)		ccumulated preciation	(d) Bo	ook value
	Land			0		0				0
ь	Buildings			0		0		0		0
c	Leasehold improvements			0		0		0		0
-	Equipment			0		69,291		65,611		3,680
е	Other	<u></u>		0		86,941		79.286		7.655
Tota	. Add lines 1a through 1e. (Column (d)	must	equal Form 9	90, Part X,	, colun		;).)	•	-	11.335

Part VII Investments—Other Securities	See Form 990 Part Y	(line 12	rage 3
(a) Description of security or category	(b) Book value	(c) Method of valu	ation:
(including name of security)		Cost or end-of-year ma	rket value
Financial derivatives			
Closely-held equity interests			
Other			
		 	
••••••			
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Relate	d. See Form 990, Part X	(<u>,</u> line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		+	
 	· · · - · · · · · · · · · · · · · · · ·	· ·	
·			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Pa			
	(a) Description		(b) Book value
· · · · · · · · · · · · · · · · · · ·			
			_
-			
	· ··		
Total. (Column (b) must equal Form 990, Part X, col.		<u> </u>	L
Part X Other Liabilities. See Form 990, 1. (a) Description of liability			
Federal income taxes	(b) Amount	0	
reactal moonie taxes		~	
		-	İ
			
			1
		_	1
		_	}
		-	
		-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	-		
TOTAL (COMMINICA) MICS. EQUAL FURTH 330, Fall A, COI. (D) IIITE 23.)	<u> </u>	0	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

chec	dule D (Form 990) 2009			Page 4
	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial S	taten	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
В	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
0			10	. Detum
روا	t XII Reconciliation of Revenue per Audited Financial State		<u> </u>	r Keturn
1	Total revenue, gains, and other support per audited financial statement	ts		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
a	Net unrealized gains on investments	2b		
b	Recoveries of prior year grants	2c		
	Other (Describe in Part XIV.)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
	Other (Describe in Part XIV.)	4b	40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
aı	T XIII Reconciliation of Expenses per Audited Financial Sta			_1
1	Total expenses and losses per audited financial statements	•	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
	Other losses	2c	_	
	Other (Describe in Part XIV.)	2d	_	
е	Add lines 2a through 2d		2€	
3	Subtract line 2e from line 1	, . ,	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		ļ)	
	Investment expenses not included on Form 990, Part VIII, line 7b .	48	-	
	Other (Describe in Part XIV.)	4b		-
	Add lines 4a and 4b	line 18)	4c	
	t XIV Supplemental Information	, iiiie 10.)		<u> </u>
om nd	plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b			
	part to provide any additional information.			
Γhe 	Marine Preservation Association (MPA) and the Marine Spill Respo	nse Corporation adopte	d ASC	C 740-10 Financial
Acc	counting Standards Board (FASB) Interpretation No. 48, Accounting	for Uncertainty in Incon	ne Tax	ces (FIN 48) on
Jan	nuary 1, 2009. Under ASC 740-10, an organization must recognize the	e tax benefit associated	with	tax positions taken
or	tax return purposes when it is more likely than not that the positions	s will be sustained. The	imple	ementation of ASC

uncertain tax positions and accordingly, will not recognize any liability for unrecognized tax benefits. MPA and MSRC

have filed for and received income tax exemptions in the jurisdictions where required to do so. Additionally, MPA and

Page	5

	ge 5
Part XIV Supplemental Information (continued) MSRC have filed Internal Revenue Service Form 990 tax returns as required. MPA and MSRC believe that they are no	
longer subject to U.S. federal, state and local, or non-U.S. income tax examinations by tax authorities for years before	.
2006. However, MPA and MSRC are still open to examinations by tax authorities from fiscal year 2006 forward. No	· • • • •
interest or penalties were accrued as of January 1, 2009 as a result of the adoption of ASC 740-10. For the year ended	
December 31, 2009, there was no interest or penalties recorded in the statements of activities.	·
<u></u>	
	·
	·
	·
	·
	. .
	·
	.
	-

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2009

Open to Public

2 Inspection Employer Identification number 0662511 Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and -: 98 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoria Part I General Information on Grants and Assistance Marine Preservation Association Department of the Treasury Internal Revenue Service Name of the organization

Э1	zation s procedure	as for mornioning in	ionicorning the use of grant funds in the United States.	in the United States.			
Fixel Grants and Other Assistance to Governme Form 990, Part IV, line 21, for any recipient to	sistance to Go v e 21, for any rec	vernments and ipjent that received	ents and Organizations in the United States. Complete if the organization answered "Yes" to hat received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use:	le United States. C 10. Check this box i	complete if the orgaif no one recipient i	anization answered received more thar	"Yes" to \$5,000. Use
Part IV and Schedule I-1 (Form 990) if additional space is needed	I-1 (Form 990) ii	additional spac	e 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)	75,707,000	0			Oil spill response
	•						
							:
	•						
	01(c)(3) and govern	ment organizations					0
3 Enter total number of other organizations						•	-

Schedule I (Form 990) 2009

Cat No 50055P

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

Schedule ! (Form 990) 2009

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 Corporation may request grantee organizations to provide an independent, third-party audit of specified past expenditures of funds granted by the Corporation. 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 determines to provide to grantee organizations. In connection with the submission of each grant request, grantee organizations also submit documentation as to how period, together with sufficient detailed information as to the costs and purposes of the items of expenses for which such funds are requested, in accordance with a (f) Description of non-cash assistance mutually agreeable time schedule which will provide the Corporation sufficient opportunity to carefully review such requests and secure any funds the Corporation Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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. The purpose of providing grant funding to this organization is to maintain and increase existing capabilities for mitigating the environmental damage caused by oil that stipulates such procedures. These included the requirement that grantee organizations provide the Corporation with requests for funds covering a specific 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 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance spills within specified geographic areas determined by the Board of Directors of the Corporation. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III

SCHEDULE J (Form 990)

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Marine Preservation Association

Questions Regarding Compensation

Employer identification number

0662511

			Yes	No
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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
	2 Positionary Sporting account			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	consts, dissess, and the SES Executive Present, regarding the terms encoured in line 12:			
_				
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			ŀ
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
	Approval by the board of compensation committee			
_				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		~
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	is the dry of lines in opinion and provide the approache amounts for each term in 7 art in.			
	Only section 501(a)(2) and 501(a)(4) appropriations must complete lines 5.0			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
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:			بسط
а	The organization?	<u>5a</u>		
	Any related organization?	5b		
	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		
D	Any related organization?	OD	_	تنوو
	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		
8	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			
	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	$\vdash \vdash \vdash$		
-	Regulations section 53.4958-6(c)?	9		
	10gaillanono essini estato eleji	ן ידין		

Page 2

Schedule J (Form 990) 2009

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 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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(R) Breakdown of W	W-2 and/or 1099-MISG compensation	SC compensation				
(A) Name	•	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	(c) hetrement and other deferred compensation	(U) Nortraxable benefits	(B)(J)(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
Brett Drewry	€ €	175,000	33,000	189	41,065	14,976	264,230	206,896
John Covert	€ €	0	52,000	0	8,320		60,320	300,198
Robert Aldag	E 5	0	0	49,464	0	0	49,464	258,891
Planting - compa	€ €							
	88							
	€ €							
	€ €							
	88							
	88							
	€€							
	8							
	€ 5							
	E (E)							
	E (E)							
	€ €							
	€€							
							Scha	Schedule J (Form 990) 2009

Schedule J (I Jill 330) 2003			o Gira
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	r Part I, lines 1a,	1b, 4c, 5a, 5b, 6a, 6b,	7, and 8. Also complete this part
for any additional information.			•

Former Director, President and Chief Executive Officer, Robert Aldag participated in a Master Stock Index Appreciation Rights Plan (SIARP) in 2009 that was	established in 1994 and by agreement designed to provide additional compensation to Mr. Aldag for his service as President of the Corporation. The Corporation	performed grants of stock appreciation rights (SAR) from 1994 to 2002, with SAR lapsing on the tenth anniversary of the grant date for each SAR. On August 5, 2005	Mr. Aldag separated from employment with the Corporation, 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 Corporation. During the tax year, Mr. Aldag exercised SAR in the amount of \$49,464.											
---	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Name of the organization

Open to Public Inspection

Employer identification number

86 : 0662511

Marine Preservation Association	86	!	0662511
Reference core Form 990, Part VI, Section A, Line 2: Directors Robert Baldwin and William	n Lerc	h had a	business
relationship during the organization's tax year.			
Reference core Form 990, Part VI, Section A, Line 6: The organization is organized as a no	on-pro	fit corpo	ration with
members. Members of the organization elect the members of the organization's governing	g bod	y, but do	not approve
significant decisions of the governing body, nor may receive a share of the organization's	profi	s or exc	ess dues or a
share of the organization's net assets upon the dissolution of the organization.			
			••••
Reference core Form 990, Part VI, Section A, Line 7a: The organization has two classes of	mem	bers, "ve	oting" and "non-
voting". The voting members are entitled to vote for the election of the organization's go	vernin	g body v	vhile 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	How	ever, the	organization's
governing body or committees with the authority to act on behalf of the governing body h	ave re	viewed	and approved the
information and data contained within the Form 990 and schedules, most notably the sec	lons o	omprisi	ng governance,
management and disclosure, compensation, statement of revenues, statement of function	nal exp	enses a	nd balance sheet.
·		· 	
Reference core Form 990, Part VI, Section B, Line 12c: On an annual basis, the organization	on dist	ributes	and requires
certification as to adherence to its conflict of interest policy. All directors, officers and er	nploye	es are s	ubject to the
conditions of the policy and the annual certification requirement. Management monitors	transa	ctions o	n an ongoing
basis for evidence of conflicts, and the organization is subject to annual audit of financial	state	nents o	a consolidated
basis by an independent auditing firm, the performance of which may also lead to the ide	ntifica	ion of c	onflicts of interest.
Individuals suspecting violation of this policy are directed to report violations to the Chai	rperso	n of the	organization's
Audit & Governance Committee. Should the suspected activity involve the committee cha	air, Ind	ividuals	are directed to
report such violations to the Chairperson of the organization's Board of Directors. Upon	confir	nation o	f the existence of
a conflict, the committee and then full Board reviews the transaction(s) in question in ord	er to d	eliberate	and determine

Schedule O (Form 990) 2009	Page a
Name of the organization Marine Preservation Association	Employer identification number 86 : 0662511
the proper course of action. During such deliberations, the person(s) involved	in the transaction(s) or conflict(s) do not
participate in these final discussions and decision.	
Reference core Form 990, Part VI, Section B, Lines 15a & 15b: Compensation for	or the President/CEO of the organization
is reviewed and approved by the organization's Compensation Committee, whi	ch is comprised solely of independent
directors of the organization's governing body. The process for determining the	ne level of compensation includes review
of similarly qualified individuals in functionally comparable positions of similar	ly situated organizations, including, but not
limited to, comparability and reliance upon a compensation study peformed by	an independent consulting firm to
establish the compensation of the immediately preceding President/CEO of the	organization. The results of the
deliberations and decisions by the organization's Compensation Committee fo	r such compensation arrangements
are documented and ultimately reflected in a written employment agreement w	ith the President/CEO. The above process
was last completed for the current tax year. There were no other officers or ke	y employees of the organization.
Reference core Form 990, Part VI, Section C, Line 18: The organization makes	its Forms 1024 and 990 available for public
inspection upon request as required by law.	
Reference core Form 990, Part VI, Section C, Line 19: The organization does no	t make its governing documents, conflict
of interest policy of financial statements available to the general public unless	they were included on a form that is
publicly available. In these cases, these documents are made available upon r	equest by providing copies or through
Inspection at the organization's office.	•••••
·····	
Reference Schedule R, Part II and Part V, Line 2: The Marine Spill Response Co	prporation ("MSRC") has been reported as
an organization related to the filing organization Marine Preservation Associati	on ("MPA") based upon the definition of
control as provided within the instructions for Schedule R, Related Organization	ns 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. H	owever, under their respective corporate
organizational documents, MPA has the authority to elect and/or remove a maj	ority of MSRC's directors. Under MPA's
organizational documents, this authority is delegated to a special committee co	omprised of a designated subset of MPA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Name of the organization Employer identification number **Marine Preservation Association** 0662511 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

Partnershi
Unrelated
and
Organizations
Related

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See sep ► Attach to Form 990.

A

σi
5
≓
2
£
25
=
ate
are
2

Open to Public OMB No. 1545-0047 2009

Employer identification number

0662511

98

Schedule R (Form 990) 2009 (f)
Direct controlling
entity (f)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) ۶ (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501(c)(4) (d) Total income Cat No. 50135Y (c) Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) Tennessee Oil Spill Response (b) Primary activity (b) Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Marine Spill Response Corporation 220 Spring Street, Suite 500 Herndon, Virginia 20170 62-1437621 (a)
 Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity Part II Part I

© General or managing partner? Yes No Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Ξ Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 9 (h) Disproportionate allocations? Š Yes Share of total income (g) Share of end-of-year assets line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity ਉ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) છ (d) (Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization ▣ Part III Part IV

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

000	la R (Form	- Forton	(9)
			(5)
			(4)
			(3)
			(2)
75,707,000	75,7	a	Marine Spill Response Corporation (See Schedule O regarding relationship with the Corporation)
peylo	(c) Amount involved	(b) Transaction type (a-r)	(a) Name of other organization
sholds.	saction three	f relationships and tran	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.
7	-		╴╴┃
7	19		a Other transfer of cash or property to other organization(s)
7	1p		p Reimbursement paid by other organization for expenses
7	10		o Reimbursement paid to other organization for expenses
7			n Sharing of paid employees
7	٤		m Sharing of facilities, equipment, mailing lists, or other assets
7	=		Performance of services or membership or fundraising
3	+		
7	-		I hase of facilities equipment or other assets from other organization(s)
7	;= 		pment
7	=		
>	19		g Purchase of assets from other organization(s)
7	+		f Sale of assets to other organization(s)
		· · · · ·	
2	19		e Loans or loan guarantees by other organization(s)
7	₽		
>	ဍ		
	5	• · ·	
7	1a		a Receipt of (il) interest (iii) annuities (iii) rovalties or (iv) rent from a controlled entity
		d in Parts II-IV?	Note: Complete line is any entity is listed in Parts III, iii, or it of the following transactions with one or more related organizations listed in Parts II—IV?
⊢	:		

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI 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) (b) (c) (d)	9	(2)	9	_	•	ε		(B)		Ê
Name, address, and EIN of entry	Primary activity	nicile oreign y)	Are all partners section 501(c)(3) organizations?	rtners 30 (3)	Share of end-of-year assets	Disproportionate allocations?		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen	General or managing partner?
			Yes	ş		Yes	2		Yes	ş
				·						
							_			
								Schedule R (Form 990) 2009	96 E) 2009

Form **866**8

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

If you areDo not comp	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II plete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies nee	(on page 2 previously f	of this form).	
A corporation Part I only .	n required to file Form 990-T and requesting an automatic 6-month extension—check	k this box a	and complete	
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form noome tax returns.	7004 to red	quest an extension of	
one of the r electronically returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au eturns noted below (6 months for a corporation required to file Form 990-T). Hower if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed around the detection of this form, visit www.irs.gov/efile and click on e-file	ever, you ca s 990-BL, a nd signed p	annot file Form 8868 6069, or 8870, group age 2 (Part II) of Form	
Type or	Name of Exempt Organization	Employer	dentification number	
print	Marine Preservation Association	86	0662511	
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.			
filing your return See	8777 N. Gainey Center Drive, Suite 165 City, town or post office, state, and ZIP code. For a foreign address, see instructions			
instructions	Scottsdale, Arizona 85258			
Check type	of return to be filed (file a separate application for each return):			
☑ Form 990		П	Form 4720	
☐ Form 990	_ , , , ,	ō	Form 5227	
☐ Form 990	_		Form 6069	
☐ Form 990	<u> </u>		Form 8870	
Telephone If the orga If this is for the whole	No. ► (480) 991-5500 FAX No. ► (480) 991 nization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN). e group, check this box ► ☐ . If it is for part of the group, check this box . e names and EINs of all members the extension will cover.	box .	If this is	
1 I required until for the	est an automatic 3-month (6 months for a corporation required to file For August 15 , 20 10 , to file the exempt organization return for the organization organization's return for: calendar year 20 09 or tax year beginning , 20 , and ending	named abo	ove. The extension is	
	ax year is for less than 12 months, check reason: Initial return Final return [in accounting period	
less an	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tary nonrefundable credits. See instructions.	3a	\$	
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated to ints made. Include any prior year overpayment allowed as a credit.	3b		
deposi	te Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required twith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment). See instructions.	nt 🏥	\$	
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions.	153-EO and	Form 8879-EO	

orm 8868 (Rev 4-2009)			Page 2
lote. Only	re filing for an Additional (Not Automatic) 3-Month Extension, complete complete Part II if you have already been granted an automatic 3-month extere filing for an Automatic 3-Month Extension, complete only Part I (on p	nsion on a pre		
Partell	Additional (Not Automatic) 3-Month Extension of Time. Only file		I (no copies	needed).
ype or	Name of Exempt Organization	1 12 1		lentification number
orint	Marine Preservation Association		86	0662511
ile by the	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use	only
xtended lue date for	8777 N. Gainey Center Drive, Suite 165			
ling the	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			100
eturn See astructions	Scottsdale, Arizona 85258	- ',	1, .	1.7
Check ty	pe of return to be filed (File a separate application for each return):			
Form	990	orm 1041-A		Form 6069
Form	990-BL	orm 4720		Form 8870
Form	990-EZ	orm 5227		
TOP! Do	not complete Part II if you were not already granted an automatic 3-mont	h extension o	n a previous	ly filed Form 8868.
The boo	ks are in the care of ▶ Jaclyn R. Cerna			
Telepho	ne No. ▶ (480) 991-5500 FAX No. ▶ (480)	991-60	85	
	ganization does not have an office or place of business in the United State		box	▶ 🗆
	for a Group Return, enter the organization's four digit Group Exemption N	•		If this is
	ole group, check this box ▶ 🔲 . If it is for part of the group, ch			
st with th	e names and EINs of all members the extension is for.			
4 I rec	uest an additional 3-month extension of time until November 1	5	20 10	
5 For	alendar year 2009, or other tax year beginning, 20	, and ending	g	20
6 If thi	s tax year is for less than 12 months, check reason: Initial return	Final return [Change i	n accounting period
7 State	in detail why you need the extension The corporation is requesting add	itional time t	o compile tl	ne necessary
	rmation to prepare an accurate and complete return in light of the crisis			
3	incident that encompasses all corporation resources at this time. In a			
	to the need to ensure consistent reporting with a related entity that is d			oill cleanup.
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	e tentative ta:		•
	any nonrefundable credits. See instructions.		8a	\$
	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundal			
	nated tax payments made. Include any prior year overpayment allowed as a	credit and ar	-	
	unt paid previously with Form 8868.		8b	\$
	nce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if if ITD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			\$
	Signature and Verification			
	ties of perjury, I declare that I have examined this form, including accompanying schedules and rect, and complete, and that I am authorized to prepare this form	statements, and	to the best of n	ny knowledge and belief,

Signature & Bett Drivy

Title ► President & CEO

July 1, 2010 Date ►

Form **8868** (Rev. 4-2009)

Form	8868 (Rev	4-2009)							Page 2
Note	. Only co	omplete Part II ı	ditional (Not Automatic f you have already been g tomatic 3-Month Exten	ranted an automatic 3-mo	nth exter	nsion on a prev			>
Par	CIII	Additional (N	ot Automatic) 3-Mon	th Extension of Time.	Only file	e the original	(no copies	needed).	
Type		Name of Exem	pt Organization				Employer id	lentification n	umber
File by extend due di		Number, street	, and room or suite no. If a	P O. box, see instructions.			For IRS use	only	
filing t return instruc	he See	City, town or po	st office, state, and ZIP code	For a foreign address, see inst	ructions.		可能性動 例如例如於	改建建	新疆
Che	ck type	of return to be	e filed (File a separate a	oplication for each return	ı):				
□F	orm 990	כ	Form 990-PF		F	orm 1041-A		Form 6069	
□ F	orm 990	O-BL	☐ Form 990-T (sec. 40)1(a) or 408(a) trust)	□ F	orm 4720		Form 8870	
□ F	orm 990	0-EZ	☐ Form 990-T (trust o	ther than above)	□ F	orm 5227			
STO	P! Do no	ot complete Par	rt II if you were not alrea	dy granted an automatic	3-mont	h extension o	n a previous	ly filed Form	8868.
• The	e books	are in the care	of ▶						
))				
			ot have an office or place					1	▶ □
	-		rn, enter the organization						. <u> </u>
			this box ▶ □						
			is of all members the ex		•		_		
4	Lreque	st an additiona	3-month extension of ti	me until			20 .		
5			, or other tax year beg					- :	20 .
6			ess than 12 months, che						
7			u need the extension						
				•••••		· • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	
8a			or Form 990-BL, 990-PF		enter the	e tentative tax	,	ı	
	<u>less an</u>	y nonrefundabl	e credits. See instruction	ns.			8a	\$	
b			or Form 990-PF, 990-T, 4					Ĭ	
			ts made. Include any pri	or year overpayment allo	wed as a	credit and an	y 🚟		
	amoun	t paid previous	ly with Form 8868.				8b	\$	
с 	Balance with FT	e Due. Subtract ID coupon or, if re	line 8b from line 8a. Include quired, by using EFTPS (Elec	e your payment with this for ctronic Federal Tax Payment	m, or, if i System).	required, depos See instructions	it s. 8c	\$	
				gnature and Verifica				-	
			e that I have examined this form not that I am authorized to prepare		edules and	statements, and t	to the best of m	ıy knowledge an	nd belief,
		2							
Signa	ture 🕨	1 Vi	T Trewey	Title ▶ Presider	nt/CEO		Date ►	5/7/10)
		0	J				Fo	rm 8868 (Rev	4-2009)