COMMITTEE ON NATURAL RESOURCES

Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

One Year After President Obama's Gulf Of Mexico 6-Month Moratorium Officially Lifted: Examining the Lingering Impacts on Jobs, Energy Production and Local Economies

October 12, 2011

* * * * *

For Witnesses Representing Organizations:

1. Name: Capt. Robert F. Zales, II

2. Name of Organization(s) You are Representing at the Hearing:

National Association of Charterboat Operators (NACO)

3. Business Address: P.O.Box 2990, Orange Beach, AL 36561

4. Business Email Address: [Information redacted for privacy]

5. Business Phone Number: 251-981-5136

Name/Organization: Capt. Robert F. Zales, II, National Association of Charterboat Operators_ Title/Date of Hearing: One Year After President Obama's Gulf Of Mexico 6-Month Moratorium Officially Lifted: Examining the Lingering Impacts on Jobs, Energy Production and Local Economies, Oct. 12,2011_

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

USCG License: Master of Steam and Motor Vessels of Not More than 500 Gross Registered Tons (Domestic Tonnage) Upon Oceans. Master of Offshore Supply Vessels of Not More Than 3000 Gross Tons (ITC Tonnage) Upon Domestic Near Coastal Waters.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Working in my family charter fishing business in Panama City, FL since 1965. In addition worked in the offshore oil industry from 1975 thru 1985 off Louisiana and the Netherlands.

President, since 1999, of NACO, a trade association for charter boat owners and operators throughout the United States.

- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

 N/A
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

 N/A
- f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

As President of NACO, was active in the issues of the Deep Water Horizon BP Oil Spill, that affected the charter fishing industry in the Gulf of Mexico working to assist the owners and operators in gaining work and compensation for their losses suffered as a result of the resource damage. Served as a member of the Gulf Oil Spill Economic Recovery Task Force for Florida, appointed by Governor Crist. Currently serving as an advisor for the National Institute of Environmental Health Services "Gulf Study" which is a long term study to determine the health impacts on oil spill cleanup workers.

Name/Organization: Capt. Robert F. Zales, II, National Association of Charterboat Operators (NACO) Title/Date of Hearing_ One Year After President Obama's Gulf Of Mexico 6-Month Moratorium Officially Lifted: Examining the Lingering Impacts on Jobs, Energy Production and Local Economies, Oct. 12, 2011

<u>In addition, for witnesses representing organizations:</u>

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

President since 1999, Board member since 1993.

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

N/A

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

N/A

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

N/A

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

See separate email with scanned forms.

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

Open to Public Inspection

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Activities & Governance		Briefly describe the organization's mission or most significant activities: NACO's mission is to represent and to advance the interests of charter boats who carry passengers for hire for fishing, sailing, diving, ecotours through educational programs through print and electronic communications																						
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Pai	rt III Statement of Program Service Accomplishments											
1	Briefly describe the organization's mission:											
	NACOs mission is to represent and to advance the interests of charter boat operators who carry passengers for											
	hire for fishing, sailing, diving, and eco-tours through educational programs through print and electronic											
	communications											
	Communications											
2	Did the organization undertake any significant program services during the year which were not listed on											
	the prior Form 990 or 990-EZ?	s 🗹 No										
	If "Yes," describe these new services on Schedule O.											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
3		s 🗸 No										
		s v No										
	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 expe											
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra	ants and										
	allocations to others, the total expenses, and revenue, if any, for each program service reported.											
42	(Code:) (Expenses \$ 11,565 including grants of \$ 0) (Revenue \$	0)										
4 a	Produce newsletter to inform members of current issues affecting their business interests)										
	Froduce newsletter to inform members of current issues affecting their business interests											
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4c	Hold annual meeting of members to advise on past achievements to decide positions on current and prospective issues, and to approve subsequent years expenditures (Code:) (Expenses \$ 10,959 including grants of \$ 0) (Revenue \$ Communications (Phone, website and postage) with members, legislators, industry leaders to inform on	0)										

Pa	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		1
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		√
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		1
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		√
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, 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		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	✓
þ	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? <i>If "Yes," complete Schedule F, Part I</i>	14b		1
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		1
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		1
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		1
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		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	_ <u> </u>

Da	** IV Chapitiot of Descriped Cabadular (continued)			<u> </u>
Pa	rt IV Checklist of Required Schedules (continued)	T	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		1
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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		✓.
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	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		√
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		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
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		1
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		1
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		1

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			12.
	the full before on only with the factor of the forms with the factor of the full before the fu			*. *
С	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		14.5	1.
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	- 1.44	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> 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?	За		√
b	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		√
b	If "Yes," enter the name of the foreign country: ▶		11.	
	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).			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Ves " indicate the number of Forms 8282 filed during the year. 7d	7c	200	11
	The rest, indicate the number of forms 6262 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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		ja, ka
9	Sponsoring organizations maintaining donor advised funds.	\$3.4§		i Na
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1,50	2500
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Third work you and deplicar do Arabation of the Conference of the			
р 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	1336		

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.

<u>Sec</u>	tion A. Governing Body and Management		*************	***************************************
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		\
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		\
7a				
	of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:		1977	
а	The governing body?	8a	✓	
	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			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal		
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		√
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11		1
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	111	111,3	11.54
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
_				***************************************
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		√
14	Does the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			N. S.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
	Other officers or key employees of the organization	15b		
~	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		10.54	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
, J u	with a taxable entity during the year?	16a		1
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	·	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
	available for public inspection. Indicate how you make these available. Check all that apply.	,,(0)0	-: ··y <i>j</i>	
	☐ 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	arpet	
	policy, and financial statements available to the public.	J1 31110	J1 031	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rde o	f tha	
	organization: National Association of Charterboat Operators (251) 981-5136	ius U	ı ııı c	
	P. O. Box 2990, Orange Beach, AL 36561			

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 compared to the	pmpensate	any o	curr	ent	offi	cer, d	lirec	tor, or trustee.		
1. 1					(C)			(D)	(E)	(F)
Name and Title	Average hours per		T		-	that ap		Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Captain Pat Kelly	0	1								
Captain Fred Lifton	0	1								
Captain Mike Nugent	0	1								
Captain Tim Evers	0	1								
Captain Paul Malo	0	1								
Captain Robert Ward	0	1								
Captain Alex Williams	0	1								
Captain Glenn James	0	1								
Captain Jim Deibler, Jr.	0	1								
Captain John Atwell	0	1								
Captain Sean Black	0	1								
Captain Bryan Bondioli	0	1								
Captain Dave Pecci	0	1								
Captain Scott Robson	0	1								
Captain Robert Rush	0	1								
Captain Randall Schmidt	0	1								

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loy	ees,	an	d Hig	hes	t Compensated	d Employees (c	ontinued)	
	(A)	(B)			(0	C)			(D)	(E)	(F)	
	Name and title	Average hours per week		_	Officer		that ap	Former	Reportable compensation from	Reportable compensation from related	Estima amour oth	nt of
			Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compen- from organiz and re organiz	the ation lated
Сар	tain Michael Sosik, Jr	0					ed					
	bi Walker	0	٧									
	cutive Director	0	1									
	tain Bob Zales, II sident	0	,									
	tain Ed O'Brien	0	V									
	tain Tom Becker		✓	_	-							
2nd		0	1									
	tain Gary Krein											
	retary	0	1									
Tres	tain Ron Maglio	0	,									
	tain Mike Holmes		✓		_	_					-	
		0	1									
	ker Breeze LLC	40							405.075			
Mar	agement Company	40					1		105,875			
1b	Total							>				
2	Total number of individuals (including but reportable compensation from the organiza		to the	ose	liste	ed a	bove) wh	no received mo	ore than \$100,0	000 in	
										***************************************	Ye	s No
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete Set of the s</i>							oyee	e, or highest c	ompensated 	3	1
4	For any individual listed on line 1a, is the sthe organization and related organizations											
5	individual	or accrue	 comp	pens	 satio	on f	rom	 any	unrelated org		4	V
500	services rendered to the organization? If "Yetion B. Independent Contractors	res," comp	olete S	Sch	edu	ie J	tor s	uch	person		5	✓
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	ontra	ictoi	rs that received	d more than \$1	00,000 of	
	(A) Name and business add	iress							(B) Description of s	envices	(C) Compensat	ion
	and submisse add								20001101101101		Jompondat	0
												0
												0
												0
2	Total number of independent contractors (in					to t	hose	liste	ed above) who	received		U
	more than \$100,000 in compensation from	i the organ	ızatıo	n ▶								

Part	: VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	175,767 0 1 0 0 0 0	175,767			
Program Service Revenue			0	0			
		Investment income (including dividend other similar amounts)	ds, interest, and	68 0 0			68
	b	Gross Rents Less: rental expenses Rental income or (loss)	(ii) Personal	0			
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss)		0			
r Revenue	8a	Gross income from fundraising events (not including \$	a				
Other R	С	Net income or (loss) from fundraising	events ▶	0			
	b	Gross income from gaming activities. See Part IV, line 19	b	0			
	b	, , , , , , , , , , , , , , , , , , ,	a b	0			
	11a b	Miscellaneous Revenue Website Advertising Card Processing Service	Business Code 1850 271	V			
	е	All other revenue	2,121	2,121 177,956			

Part IX Statement of Functional Expenses

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

	All other organizations must complete colu	mn (A) but are no	required to com	plete columns (B), (C	
	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	0			
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	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
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	U			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):	0			
a	Management	105,875		105,875	
	Legal	890		890	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other				
12	Advertising and promotion				
13	Office expenses	18,933		18,933	
14	Information technology	287		287	
15	Royalties	0			
16	Occupancy	0		64	
17	Travel	64		64	
18	Payments of travel or entertainment expenses	0			
10	for any federal, state, or local public officials Conferences, conventions, and meetings.	19,160		19,160	
19 20	Interest	0		10,100	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization.	0			
23	Insurance	1,857		1,857	
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	Telephone	2,618		2,618	
b	Postage and Shipping	7,872		7,872	
c	Printing and Publications	13,609		13,609	
d	NOVA Expenses	1,143		1,143	
е	Miscellaneous	857			
or f	All other expenses	180 155		470.40-	
25 26	Total functional expenses. Add lines 1 through 24f	173,165		173,165	
20	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	ırt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	70,734	1	72,078
	2	Savings and temporary cash investments	52,927	2	52,973
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		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	
S	7			7	
Assets	7 8	Notes and loans receivable, net		8	
As	9	Inventories for sale or use		9	
	10a	Land, buildings, and equipment: cost or 10a			
	iou	other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	123,661	16	125,052
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
_		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		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
nces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		07	
ala	27	Unrestricted net assets		27	
B	28	Temporarily restricted net assets		28	
ü	29	Permanently restricted net assets		29	
Net Assets or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	123,661	30	125,052
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ ∤	32	Retained earnings, endowment, accumulated income, or other funds	100.001	32	405.050
ž	33 34	Total net assets or fund balances	123,661	33	125,052
	34	Total liabilities and net assets/fund balances	123,661	34	125,052

***	4	^
rage.	- 1	~

Pa	rt XI Financial Statements and Reporting			••••••
			Yes	Νo
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🔲 Other	1 1 1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	Were the organization's financial statements audited by an independent accountant?	2b		✓
	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			3.5
	Schedule O.			13.3
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	N. 1	3 - 1 - 13	N/A
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		_
þ	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)

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)

Department of the Treasury Internal Revenue Service

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

Α	For th	e 2008 cal	endar ye	ar, or tax year beginning		, ;	and en	ding			
В	Check if a	pplicable:	Please	C Name of organization	NATIONAL ASS	OCIATION OF CH	ARTE	R BOAD Employe	r identific	ation number	
	Address	change	use IRS label or	Doing Business As				02-057658	2		
	Name ch	nange	print or	Number and street (or P.0	D. box if mail is not delive	ered to street address)	Roc	om/suite E Telephon			
	nitial ret	urn	type. See	P.O. BOX 2990		\$2		866-981-5			
	Termina [*]	tion	Specific	City or town, state or cour	ntry, and ZIP + 4			000 001 0	100		
	Amende	d return	Instruc- tions.	ORANGE BEACH		AL 365	561	G Gross red	eipts \$	192,948	
	Applicati	on pending	FN	ame and address of princi	pal officer:			H(a) Is this a group ret	urn for affi		
				IN BOB ZALES P.O. BO	A CONTRACT OF THE PROPERTY OF	CITY, FL 32401		H(b) Are all affiliates in		Yes No	
IT	ax-exe	mpt status						If "No," attach			
				OCHARTERS.ORG	110.)	7(1) 01 321					
						. 1		H(c) Group exemption			
-	art I	rganization:		prporation Trust X	Association Other	er ▶	L Year	of formation: 1991	M St	ate of legal domicile: AL	
	1		nmary	the ergonization's missi	ion or most signific	ant nativities. NA	001- 1	ALCOLON IO TO D	EDDEO	THE AND TO ADVANC	
	'	THE INT	EDECT	the organization's missi		ant activities: <u>INA</u>	COSI	MISSION IS TO R	EPRESI	ENT AND TO ADVANC	
a		THE IN	CICOL	S OF CHARTER BOAT	TIONAL DROCEAU	MC TUROUCU DE	NGE	ND ELECTRONI	KFISHI	NG, SAILING, DIVING	
anc		AND EC	0-1001	RS THROUGH EDUCA	HONAL PROGRAM	vis, inkough Ph	KIIN I A	IND EFECTIONIC	COMM	IUNICATIONS.	
Activities & Governance		Ch . 4		► ☐ :¢4!							
Gov	2	Number	of voting	if the organization	on discontinued its	operations or dispo	osea c	of more than 25%	1		
∞5	3 4	Number	of inden	g members of the gover pendent voting members	ning body (Pan Vi	, line Ta)	 1h\		3	23	
ities	5	Total pur	mbor of	employees (Part V, line	s of the governing i	body (Part VI, line	10).		4	23	
ctiv	6	Total nu	mber of	volunteers (estimate if	necessani)				5	0	
⋖	7a	Total are	nse unre	lated business revenue	from Part VIII line	12 column (C)			7a	24	
	b			isiness taxable income					7b	0	
	-	riot anno	natou bu	on too taxable moonic	101111 01111 000 1,1	110 04		Prior Year	175	Current Year	
	8	Contribu	tions an	d grants (Part VIII, line	1h)			11101 1001	0	187,865	
Revenue	9			revenue (Part VIII, line				18	8,106	0	
	10			me (Part VIII, column (A					689	119	
S.	11			Part VIII, column (A), lin					7,883	4,964	
	12			dd lines 8 through 11 (n				19	6,678	192,948	
	13			ar amounts paid (Part I)					0	0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)							0	0	
S	15	Salaries,	other co	ompensation, employee	e benefits (Part IX,	column (A), lines 5	5–10)		0	0	
Expenses	16a	Profession	onal fund	draising fees (Part IX, c	olumn (A), line 11e	e)	. [0	0	
xpe	b			expenses (Part IX, colu							
Ш	17			(Part IX, column (A), lin				18	5,489	177,687	
	18			Add lines 13-17 (must				18	5,489	177,687	
	19	Revenue	less ex	penses. Subtract line 1	8 from line 12			1	1,189	15,261	
s or		-					-	Beginning of Ye		End of Year	
sset	20			rt X, line 16)				10	9,611	124,872	
Net Assets or Fund Balances	21			Part X, line 26)					0	0	
	22			nd balances. Subtract lin	ne 21 from line 20	<u> </u>		10	9,611	124,872	
Pa	T III		nature	of perjury, I declare that I have	oversined this return in	-ldia	-11-1-				
		and be	elief, it is tr	rue, correct, and complete. Dec	claration of preparer (oth	er than officer) is based of	on all int	s and statements, and t formation of which pren	o the best arer has a	ot my knowledge ny knowledge	
				•				р. Ср		n, memoago.	
C:~											
Sig			Signature o	of officer				Date			
Her	е	\									
			Type or prir	nt name and title							
		Prepa	100	1113	_	Date		eck if		r's identifying number	
Paic		7/34/3000 amplayed					(see instr				
	parer's	Firm's	name (or y	yours DIICENII ENE	D I IOUNICON OF		1 6111				
Use	Only		employed),	,	R & JOHNSON, CF		2004 1		72-092		
			ss, and ZIP		EN ST., SUITE 10					338-2251	
				urn with the preparer sh				· · · · · · ·			
FOL	-rivacu	ACT and F	COMPANDE	A MOUNTAIN ACT MATICA	con the constate in	etructione				Form 990 (2000)	

Form 990

Department of the Treasury

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
Open to Public

		e 2008 calendar year, or tax year beginning				nspection							
		applicable: Please C Name of organization NATIONAL ASSOCIATION	, and e		idontification -								
		use IRS Use IRS	OF CHARTE			iumper							
=	Name ch			02-0576582									
=	vairie ci nitial ret	type.	oaress) Ko	om/suite E Telephone									
=		7.0. BOX 2000		866-981-51	36	******							
	Fermina	Instruc- City of town, state or country, and ZIP + 4		1									
		d return tions. ORANGE BEACH AL	36561	G Gross rece	ipts \$	192,948							
<u></u>	Applicati	ion pending F Name and address of principal officer:		H(a) Is this a group retu	rn for affiliates?	Yes X No							
		CAPTAIN BOB ZALES P.O. BOX 4335, PANAMA CITY, FL.	32401	H(b) Are all affiliates inc	luded?	Yes No							
l T	ax-exe	empt status: X 501(c) (6) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list, (see instru								
		e: ► WWW.NACOCHARTERS.ORG] 02.1	{		,							
				H(c) Group exemption r	umber -								
		organization: Corporation Trust X Association Other ▶	L Yea	r of formation: 1991	M State of I	egal domicile: AL							
P	art I	Summary											
	1	Briefly describe the organization's mission or most significant activities	s: NACO's	MISSION IS TO RE	PRESENT A	AND TO ADVAN							
		THE INTERESTS OF CHARTER BOAT OPERATORS WHO CARRY PASSENGERS FOR HIRE FOR FISHING, SAILING, DIVING											
9		AND ECO-TOURS THROUGH EDUCATIONAL PROGRAMS, THROU	JGH PRINT A	AND ELECTRONIC	COMMUNIC	CATIONS.							
Activities & Governance													
ver	2	Check this box ▶ ☐ if the organization discontinued its operations	or disposed	of more than 25% o	of its assets.	~~~~~~~~~~~							
တို	3	Number of voting members of the governing body (Part VI, line 1a).			3	23							
ەق ي	4	Number of independent voting members of the governing body (Part \			4	23							
/itie	5	Total number of employees (Part V, line 2a)			5								
cti	6	Total number of volunteers (estimate if necessary)			6	24							
•	7a	Total gross unrelated business revenue from Part VIII, line 12, column			7a								
	b	Net unrelated business taxable income from Form 990-T, line 34	. (0) ,		7b	C							
		The an outer additional transfer of the angle of the angl	························	Prior Year	1 1 2	Current Year							
	8	Contributions and grants (Part VIII, line 1h)		1110110	0	187,865							
Revenue	9	Program service revenue (Part VIII, line 2g)		188	3,106	107,000							
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		100	689	119							
8	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			7,883	4,964							
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A		3,678									
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		190	0	192,948							
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	<u>C</u>							
	15	Salaries, other compensation, employee benefits (Part IX, column (A),		***************************************	0	0							
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0							
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0		- 0	0							
X	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		100	. 400	477.007							
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line		***************************************	,489	177,687							
	l	Devenue less surgers Cultivat line 40 from the 40	25)		5,489	177,687							
s	19	Revenue less expenses. Subtract line 18 from line 12			,189	15,261							
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		Beginning of Year		End of Year							
Asse	21	Total liabilities (Part X, line 26)		108	0,611	124,872							
vet /	22	Net assets or fund balances. Subtract line 21 from line 20		100		404.072							
			• • • •	108),611	124,872							
	rt II	Signature Block Under penalties of perjury, I declare that I have examined this return, including accomp			41								
		and belief, it is true, correct, and complete. Declaration of preparer (other than officer)											
		, , , , , , , , , , , , , , , , , , , ,		mornialion of milion propa	ici nao any mio	moogo.							
Sig		Signature of officer		Date									
Her	е			Date									
		Type or print name and title											
		Preparer's Date	Ch	eck if	Preparer's iden	tifving number							
Paic	1	signature AM Manual	sel		(see instructions)								
	arer's		/2009 em	ployed ►	P00755137								
-	Only	Firm's name (or yours			72-0928605								
036	Unity	if self-employed), address, and ZIP + 4 2305 N. HULLEN ST., SUITE 10, METAIRIE	LA 70001=		(504) 838-2								
Mau	tha I	29 discuss this return with the property shown shows? (see instructions		TOOO THORIETIO.	<u>,004) 000-2</u> T	<u> </u>							

	Statement of Program Service Accomplishments (see Instructions)
1	Briefly describe the organization's mission:
	NACO's MISSION IS TO REPRESENT AND TO ADVANCE THE INTERESTS OF CHARTER BOAT OPERATORS WHO CARRY
	PASSENGERS FOR HIRE FOR FISHING, SAILING, DIVING AND ECO-TOURS THROUGH EDUCATIONAL PROGRAMS,
	THROUGH PRINT AND ELECTRONIC COMMUNICATIONS.
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	
J	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the 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.
12	(Code:) (Expenses \$ 9,675 including grants of \$ 0) (Revenue \$ 0)
44	(Code:) (Expenses \$ 9,675 including grants of \$ 0) (Revenue \$ 0)
	PRODUCE NEWSLETTER TO INFORM MEMBERS OF CURRENT ISSUES AFFECTING THEIR BUSINESS INTERESTS.


	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4b	(Code: ) (Expenses \$ 6,875 including grants of \$ 0 ) (Revenue \$ 0)
	HOLD ANNUAL MEETING OF MEMBERS TO ADVISE ON PAST ACHIEVEMENTS, TO DECIDE POSITIONS ON CURRENT AND
	PROSPECTIVE ISSUES, AND TO APPROVE SUBSEQUENT YEAR'S EXPENDITURES.
	WAY WAR TO THE TOTAL THE TOTAL TO THE TOTAL
	***************************************
4c	(Code: 0) (Expenses \$ 2,402 including grants of \$ 0) (Revenue \$ 0)
	COMMUNICATIONS (PHONE, WEBSITE, POSTAGE) WITH MEMBERS, LEGISLATORS, INDUSTRY LEADERS TO INFORM ON
	AND TO PROPOSE INITIATIVES ON LEGISLATION AND REGULATIONS THAT AFFECT CHARTER BOAT OPERATORS.
	**************************************
4d	Other program services. (Describe in Schedule O.)
4e	(Expenses \$ -18,952 including grants of \$ 0 ) (Revenue \$ 0 )  Total program service expenses ▶ \$ 0 (Must equal Part IX, Line 25, column (B).)
7 U	TOTAL DI QUAL DE VICE EXDENSES 🔻 🐧 U (IVIUSE EQUAL PAIC (X. LINE ZD. COIDIMIN (B).)

Pa	rt IV Checklist of Required Schedules	7502	r	aye
á			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			
2		1		X
3	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
J	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			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		_X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		X.
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.			_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the U.S.?	13 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		Χ
_	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	'		<u> </u>
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
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		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Χ
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		X
22 23	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	22		Χ
	Schedule J	23	İ	Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	<del></del>		
	\$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			
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
لم	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
LUA	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		-	
h	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
IJ	person from a prior year? If "Yes," complete Schedule L., Part I	3-,	ĺ	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
	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		X

#### 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: a 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, Χ 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes." Χ 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Χ Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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

Form **990** (2008)

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance		<u>`</u>	-9-
,,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			10000
	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	2020		
	gaming (gambling) winnings to prize winners?	1c	Х	
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 0		60,000	
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		13.10	
	instructions)	0.000		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
đ	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		Х
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		285 (62) 2811 (83)	
	and Financial Accounts.		0.5	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
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).		1550 4557) 2700 455	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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		1007/07/17 300-300	07333
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		
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			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			30 (Ye)
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	and the second	and the second
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	W 36 8		

NATIONAL ASSOCIATION OF CHARTER BOAT OPERATORS (NACO) 02-0576582

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

Seci	tion A. Governing Body and Management		Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the		Tes	NO
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	1230771407207124		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	17.84.05.22 (A)A - 1	Χ
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Χ
6	Does the organization have members or stockholders?	6		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Χ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		V. 20.1	
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
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		Χ
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	Χ	
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		Χ
Sect	ion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		_X_
14	Does the organization have a written document retention and destruction policy?	14		Χ
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:	.2.		
а	The organization's CEO, Executive Director, or top management official?	15a		_X_
b	Other officers or key employees of the organization?	15b	Signal con	Χ
	Describe the process in Schedule O. (see instructions).			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	Shaw.	400 M	
	with a taxable entity during the year?	16a	Pišosakov.	Χ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	30.00		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		Minis	AND SERVICES
S 4	the organization's exempt status with respect to such arrangements?	16b		Χ
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	niy)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request	4		
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting and financial statements available to the public	est		
	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 records of the			
	organization: ► NATIONAL ASSOC. OF CHARTER BOAT OPERATOR\$ (866) 981-51	36		

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

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

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

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

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

(A)	(B)	T		(0	<u></u>			(D)	(E)	(F)
Name and Title	Average	Positi	on (c			that app	oly)	, ,	` '	
	hours per week	individual trustee or director	Institutional trustee			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
Captain Pat Kelly	0.	X						0	0	0
Captain Fred Lifton	0.	Х						0	0	0
Captain Mike Nugent	0.	Х						0	0	0
Captain Tim Evers	0.	X						0		0
Captain Janice Lyn Deaton	0.	X						0	0	0
Captain Paul Malo	0.	X						0	0	0
Captain Robert A. Ward	0.	X						0	0	0
Captain Alex Williams	0.	X						0	0	0
Captain Glenn A. James	<u>0.</u>	X						0	0	0
Captain Jim Deibler, Jr.	<u> </u>	X						0	0	0
Captain John Atwell	O.	×						0	0	0
Captain Sean Black	0.	X		7				0	0	
Captain Bryan Bondioli	0.	X							0	0
Captain Dave Pecci	0.	X		_	+		_	0	0	0
Captain Scott Robson					_			0		0
Captain Robert Rush, Jr.	0.	X		+	-		_	0	0	0
Captain Randall Schmidt	0.	X			1			0	0	0
	0.	Х		J.	L		1_	0	0	0 Form <b>990</b> (2008)

Section A. Officers, Directors, Tr	ustees, Key En	ploy	ees.	, and	Hig	ines	t Co	mpensated Em	ployees (contin	ued)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	or director		(chec Officer		Highest compensated employee		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
Captain Michael Sosik, Jr.	0.	X						0	0	0
Bobbì Walker Exec. Director	0.	×						0		
Captain Bob Zales II Pres.		-		Х				0		
Captain Edward O'Brien VP	0.			×				0	0	
Captain Tom Becker 2nd VP	0.			X				0	0	
Captain Gary Krein Secr.	0.			Х				0	0	
Captain Ron Maglio Treas.	0.			Х				0	0	
Walker Breeze, LLC Management Company	0.					Х		115,500	0	
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
1b Total			•				<b>&gt;</b>	115,500	0	0
<ul> <li>Total number of individuals (including those organization ► 0</li> <li>Did the organization list any former officer,</li> </ul>	director or truste	ee, k	ey er	mplo	yee,	or hi	ighe	st compensated		the Yes No
<ul> <li>employee on line 1a? If "Yes," complete Sca</li> <li>For any individual listed on line 1a, is the su the organization and related organizations g</li> </ul>	m of reportable	com	pens	ation	n and	d oth	er co	empensation fro	m	3 X
<ul><li>individual</li><li>5 Did any person listed on line 1a receive or a</li></ul>	ccrue compens	ation	fron	n any						1 X
services rendered to the organization? <i>If</i> "You Section B. Independent Contractors	es," complete S	ched	ule J	for :	such	pers	son .			5   X
Complete this table for your five highest contractors	ononcotod indo	aond.	ont c	ontr					= \$100 000 of	***************************************
compensation from the organization.	iiperisated tildel	Jenu	ence	,UII(I	acioi	5 tile	at rec		11 \$ 100,000 01	
(A) Name and business a	ddress							(B) Description of serv	rices (	(C) Compensation
							•••			0
										0
										0
2 Total number of independent contractors (in	cluding those in	1) w	ho re	eceiv	/ed n	поге	thar	\$100,000 in		0
compensation from the organization 🕨	0								(5.000)	

Pa	rt VIII	Statement of Revenue							
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts at	1a			1a	0			0.000	
gra	b	Membership dues		1b	187,865		100		
gifts, grants lar amounts	C	Fundraising events	[	1c	0				
gift	d	Related organizations		1d	0				
ıs, mil	е	Government grants (contributions)		1e	0				
ioi	f	All other contributions, gifts, grants			···				
Contributions, gifts, grants and other similar amounts		similar amounts not included above	II.	1f	0				Sec Section 19
	q	Noncash contributions included in			0				
aŭ.	h	Total. Add lines 1a-1f				187,865	0.000		8.50
	1	700017 (32 11100 10 11	· · · · ·	·	Business Code	107,000	2		
ňuč	2a				Dusiness Code	١,			
şev.	b						<u> </u>	<b></b>	<u> </u>
ψ.						(			
Program Service Revenue	C								· · · · · · · · · · · · · · · · · · ·
	l a	·*************************************	~~~~			(			
Гап	e		~ ~				·		
5 B	t	All other program service revenue					)		
<u>a.</u>	g	Total. Add lines 2a-2f	· · · ·		<u> </u>	(	)		
	3	Investment income (including divide	ends, inte	rest, an	d				
		other similar amounts)			<b>&gt;</b>	119			119
	4	Income from investment of tax-exer				(			
	5	Royalties							
		•	(i) R		(ii) Personal				
	6a	Gross Rents	<b></b>		(7)	1			
	b	Less: rental expenses				10 (0 (\$20) (8 (a))			
	C	Rental income or (loss)		0	0				
	d	Net rental income or (loss)	L						
	7a		(i) Secu			U			
	۱ '۵		(1) 3600		(ii) Other		5978 (0.07)		
		assets other than inventory	*	0	0	4			
	b	Less: cost or other basis			_				
		and sales expenses	ļ	0	0	4			50.00.00.00.00
	C	Gain or (loss)			0				
	d	Net gain or (loss)			<u> </u>	0			
۵	8a	Gross income from fundraising					1		
ű		events (not including \$		ļ					
š		of contributions reported on line 1c)				5.0000000000000000000000000000000000000			
ĸ		See Part IV, line 18			0				
Other Revenue	b	Less: direct expenses		b	0				
ŏ	С	Net income or (loss) from fundraisir	ng events			0			2000 00 00 00 00 00 00 00 00 00 00 00 00
	9a	Gross income from gaming activitie	s.						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		See Part IV, line 19		a	0				
	b	Less: direct expenses			0				
		Net income or (loss) from gaming a			********	0			1208201 220 200 200 200 200 200 200 200 200
		Gross sales of inventory, less		Γ					
		returns and allowances		a	0				
	b	Less: cost of goods sold			0				
		Net income or (loss) from sales of in				^			
	<del></del> _	Miscellaneous Revenue	iveniory.	<del>' ' i</del>	Business Code	0			
	110				Pusiness Code				
	I	NEWSLETTER ADVERTISING		-		10			10
	3			-		3,664	!		3,664
Ì						1,290			1,290
		All other revenue				0			
		Total. Add lines 11a-11d			· · · · · <b>.</b> . <b>▶</b>	4,964			
	12	Total Revenue. Add lines 1h, 2g, 3,			,				
		9c, 10c, and 11e			▶	192,948	o	0	5,083

#### Part IX Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the U.S. See Part IV, line 21	0								
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	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors,									
	trustees, and key employees	0								
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	0								
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)	0								
9	Other employee benefits	0								
10	Payroll taxes	0								
11	Fees for services (non-employees):	44= ===								
а	Management	115,500		115,500						
b	Legal	0								
بہ ت	Accounting	690		690						
d	Lobbying	0								
f	Professional fundraising services. See Part IV, line 17 Investment management fees	0								
		0								
g 12	Other	0								
13	Office expenses	24,248		04.040						
14	Information technology	309	2,405	21,843						
15	Royalties	309		309						
16	Occupancy	0			***************************************					
17	Travel	2,585		2,585						
18	Payments of travel or entertainment expenses	2,303		2,300						
	for any federal, state, or local public officials	اه								
19	Conferences, conventions, and meetings	6,876		6,876						
20	Interest	0,0,0		0,070						
21	Payments to affiliates	ol	0	0	0					
22	Depreciation, depletion, and amortization	0	0	0	0					
23	Insurance	1,857		1,857	<u> </u>					
24	Other expenses. Itemize expenses not	, in the second								
	covered above. (Expenses grouped together									
	and labeled miscellaneous may not exceed									
	5% of total expenses shown on line 25 below.)									
а	Telephone	2,988		2,988						
þ	Postage & shipping	6,315		6,315						
С	Printing & publications	11,004		11,004						
d	Bank charges	3,526		3,526						
е	Nova expenses	1,364		1,364						
_ f	All other expenses Miscellaneous	425		425						
25	Total functional expenses. Add lines 1 through 24f	177,687	2,405	175,282	0					
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									
<del> </del>	solicitation									

			(A) Beginning of year			(B) of year	
	1	Cash-non-interest-bearing	56,803	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		71,945
	2	Savings and temporary cash investments	52,808	2			52,927
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			(
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of 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					
(0	_	Part II of Schedule L	C	6			
Assets	7	Notes and loans receivable, net		7			
ΔS	8	Inventories for sale or use		8			
•	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost basis 10a 0					
	Ь	Less: accumulated depreciation. Complete					
		Part VI of Schedule D	0	10c			C
	11	Investments—publicly traded securities	0				C
	12	Investments-other securities. See Part IV, line 11	0	<del></del>			C
	13	Investments-program-related. See Part IV, line 11	0	13			0
	14	Intangible assets		14	ļ	****	
	15	Other assets. See Part IV, line 11	0				0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	109,611	16		1;	24,872
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19			
Liabilities	20	Tax-exempt bond liabilities	0	20			0
	21	Escrow account liability. Complete Part IV of Schedule D		21			····
	22	Payables to current and former officers, directors, trustees, key					
iai		employees, highest compensated employees, and disqualified					
		persons. Complete Part II of Schedule L	0				0
	23	Secured mortgages and notes payable to unrelated third parties	0				0
	24	Unsecured notes and loans payable	0				0
	25	Other liabilities. Complete Part X of Schedule D	0				0
	26	Total liabilities. Add lines 17 through 25	0	26			0
S		Organizations that follow SFAS 117, check here ▶ and					
ıce		complete lines 27 through 29, and lines 33 and 34.					
lar	27	Unrestricted net assets	and the second s	27	The State Control of the State of State	eljen og et eljen fremljert e	mental services.
Ba	28	Temporarily restricted net assets		28			
nd	29	Permanently restricted net assets		29			
or Fund Balances		Organizations that do not follow SFAS 117, check here ► X				00 00 00 00 00 00	
p		and complete lines 30 through 34.					
Net Assets	30	Capital stock or trust principal, or current funds	109,611	30	250,000,000,000,000	20-400.000. 4	24 972
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	109,011	31		14	24,872
¥	32	Retained earnings, endowment, accumulated income, or other funds.		32			
Ne	33	Total net assets or fund balances	109,611	33		4 -	34.070
	34	Total liabilities and net assets/fund balances	109,611	34			24,872
Pa	rt XI	Financial Statements and Reporting	109,611	34			24,872
	A. A. A. H. A.					Yes	No
1	Acc	counting method used to prepare the Form 990: X Cash Accrus	al Other			103	
<b>2</b> a		ere the organization's financial statements compiled or reviewed by an indep			. 2a		Х
t	<b>)</b> We	ere the organization's financial statements audited by an independent accou	infant?		2b		X
c	: If "\	Yes" to lines 2a or 2b, does the organization have a committee that assume	es responsibility for overs	iaht of	the ZD	-	<u> </u>
	aud	lit, review, or compilation of its financial statements and selection of an inde	ependent accountant?		. 2c	İ	
3a	a Asa	a result of a federal award, was the organization required to undergo an aud	dit or audits as set forth i	n	- 20		
	the	Single Audit Act and OMB Circular A-133?			. 3a		Х
b	lf"Y	es," did the organization undergo the required audit or audits?		•	3b		<u> </u>

# Form **990**

# Return of Organization Exempt From Income Tax

20**07** 

pen to Public Inspection

Department of the Treasury Internal Revenue Service 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.

A F	or the	2007 calen	dar vear	, or tax year beginning	, and e	ending			
		applicable:		C Name of organization			D Em	ployer identifi	cation number
	ddress		Please use IRS	NATIONAL ASSOCIATION	OF CHARTER BOAT OPERA	TORS (NA	A 02-05	76582	
	lame ch	~	label or	Number and street (or P.O. box if	mail is not delivered to street address)	Room/suite	E Tele	phone numb	er
, m		-	print or type.						
⊣'	nitial retu	JLU	See	P.O. BOX 2990		L		81-5136	
	erminati	ion	Specific instruc-	City or town	State or country ZI	P + 4	I ,—	_	od: X Cash Accrual
	mended	d return	tions.	ORANGE BEACH	AL 30	3561		Other (specify	) <b>-</b>
	pplication	on pending	<ul> <li>Section</li> </ul>	on 501(c)(3) organizations and 4947	(a)(1) nonexempt charitable				527 organizations.
			trusts	must attach a completed Schedule	A (Form 990 or 990-EZ).			p return for affili	
G V	/ebsite:	► WW	W.NAC	OCHARTERS.ORG		H(b) If "Y	es,* ente	r number of affi	liates >
						H(c) Are	all affiliati	es included?	Yes No
J C	rganiza	tion type (ch	eck only o	ne) ►X 501(c)( 6 ) <b>∢</b> (in:	sert no.) 4947(a)(1) or 527	(lf "	No," attac	h a list. See ins	structions.)
	heck he		if the	organization is not a 509(a)(3) suppo	rting organization and its gross	H(d) Is th	nis a seoa	rate return filed	by an organization
			ot more th	an \$25,000. A return is not required,	out if the organization chooses			group ruling?	Yes X No
				emplete return.	-		<u>.</u>	otion Number	<b>&gt;</b>
						Į	eck ▶		anization is not required
		املم ۸ بمد ساسید	l liana Ch	0h 0h and 10h to 5no 12	106.670	l .			990-EZ, or 990-PF).
				, 8b, 9b, and 10b to line 12	196,678	I,			000 22, 0. 000
Par					et Assets or Fund Balance	es (See t	ne ms	tructions.)	
	1	Contributi	ons, gift	s, grants, and similar amoun	ts received:			3.00	
				lonor advised funds			0		
				oort (not included on line 1a)			0		
	С	Indirect pr	ublic sup	oport (not included on line 1a			0		
				ributions (grants) (not include			0		^
	е	Total (add	d lines 1	a through 1d) (cash \$	0 noncash \$		$\frac{0}{2}$ ).	1e	0
	2	Program s	service r	revenue including governmer	nt fees and contracts (from Pa	rt VII, line	93)	3	
	3								188,106 689
	4						4 5	009	
	1	5 Dividends and interest from securities				-	10,000	<u>V</u>	
				nses	om line 6a			6c	0
v	1			income (describe	mi ine oa		٠.,	7	0
evenue				m sales of assets other	(A) Securities	(B) Other		X854	
ě	1				0 8a		0		
ď				er basis and sales expenses	0 8b		0		
				ach schedule)	0 8c		0		
				. Combine line 8c, columns (	A) and (B)		· <u> </u>	8d	0
	9	Special eve	ents and	activities (attach schedule). If ar	y amount is from gaming, check	here 🕨			
	а	Gross rev	enue (n	ot including \$	<u>0</u> of				
				orted on line 1b)			0		
				nses other than fundraising e			0	1267 18261	0
	С	Net incom	ne or (los	ss) from special events. Sub	ract line 9b from line 9a			9c	0
	10 a	Gross sal	es of inv	entory, less returns and allo	wances 10a		0		
	b	Less: cos	t of good	ds sold		Y 40-		A transfer of	0
		Gross profi	t or (loss	) from sales of inventory (attach	schedule). Subtract line 10b from	iine ioa .	•	10c	7,883
					, , , , , , , , , , , , , , , , , , ,			12	196,678
	· · · · · · · · · · · · · · · · · · ·				8d, 9c, 10c, and 11			13	851
S	1				, , ,			14	184,638
Expenses	1				n (C))			15	104,000
xpe								16	0
Ш								17	185,489
					(A)			18	11,189
Net Assets	18	Excess or	(deficit)	) for the year. Subtract line 1	7 from line 12			19	98,422
As	19	Net asset	s or tund	a balances at beginning of ye	ear (from line 73, column (A))			20	90,422
Ne t	20	Other cha	inges in	net assets or fund palances	(attach explanation)			21	109,611
	21	inet asset	s or tuno	u palances at end of year. Co	ombine lines 18, 19, and 20 .			<u> </u>	100,011

-an-	Functional Expenses organizations must complete or organizations and section 4947(a)					
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule)					
	(cash \$0 noncash \$0)		1			
	If this amount includes foreign grants, check here	22a	0	0		
22 b	Other grants and allocations (attach schedule)					
	(cash \$ 0 noncash \$ 0)					
	If this amount includes foreign grants, check here	22b	ol	0		
23	Specific assistance to individuals (attach					
	schedule)	23	0	0		
24	Benefits paid to or for members (attach					
	schedule)	24	0	0		
25 a	Compensation of current officers, directors,					
	key employees, etc. listed in Part V-A	25a	0	0	0	0
b	Compensation of former officers, directors,			_		_
	key employees, etc. listed in Part V-B	25b	0	0	0	0
С	Compensation and other distributions, not					
	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons	05.		0	0	0
	described in section 4958(c)(3)(B)	25c	0		<u>_</u>	
26	Salaries and wages of employees not included	26	o			
~~	on lines 25a, b, and c	20	0			
27	Pension plan contributions not included on	27	ol			
20	lines 25a, b, and c					***************************************
28	25a – 27	28	ol			
29	Payroll-taxes	29	0			
30	Professional fundraising fees	30	0			
31	Accounting fees	31	670		670	
32	Legal fees	32	0			
33	Supplies	33	851	851		
34	Telephone	34	2,392		2,392	
35	Postage and shipping	35	9,198		9,198	
36	Occupancy	36	0			
37	Equipment rental and maintenance	37	19,642		19,642	
38	Printing and publications	38	14,011		14,011	
39	Travel	39	11,815		11,815	
40	Conferences, conventions, and meetings	40	0			
41	Interest	41	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42	0			
43	Other expenses not covered above (itemize):	43a	126,910	0	126,910	О
	See attached statement	43a 43b	120,910	0		Ö
b		43c	0	0		0
C C		43d	0	<u>~</u>		0
đ		43e	ő	0		0
f		43f	0	0	0	0
g		43g	0	0	0	0
44	Total functional expenses. Add lines 22a					
	through 43g. (Organizations completing					
	columns (B)–(D), carry these totals to lines	-				
	13–15)	44	185,489	851	184,638	0
Joint	Costs. Check ▶☐ if you are following SOP 98-2.				_	
Are an	y joint costs from a combined educational campaign and fundraising so	licitation	reported in (B) P	rogram services	? ▶	Yes No
f "Yes	" enter (i) the aggregate amount of these joint costs \$	0 :	(ii) the amount a	llocated to Progr	am services \$	:
	amount allocated to Management and general \$		d (iv) the amount			
, ,	ŸŸ					

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose	? ► SEE STATEMENT 1 levements in a clear and concise manner. State the number	(Require	gram Service Expenses ed for 501(c)(3) and
of clients served, publications issued, etc. Discuss achiev	ements that are not measurable. (Section 501(c)(3) and (4) must also enter the amount of grants and allocations to others.)		s., and 4947(a)(1) s; but optional for others.)
(Grants and allocations \$	0) If this amount includes foreign grants, check here		0
	***************************************		
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here ►		0
c			
			0
d	() ) if the discontinuous of organization of		
w			
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here		0
e Other program services (attach schedule) (Grants and allocations \$	0 ) If this amount includes foreign grants, check here		0
	qual line 44 column (B), Program services)	<b>&gt;</b>	0

Form **990** (2007)

Note:   Winter required, attached screenives and amounts within the description   Seginning of year   Enrich of year   Continuelyear amounts of year   Continuelyear amounts of year   Continuelyear amounts of year   Continuelyear   Cont	Par	t IV						
45   Cash—unan-interest bearing   45,927   45   56,803			Where required, attached schedules and amounts withi		<b>i</b>	Beginning of year		
46 Savings and temporary cash investments		45						
47 a Accounts receivable			Savings and temporary cash investments		52,120	46	52,808	
b   Less: allowance for doubtful accounts								
## B Less: allowance for doubtful accounts		47 a	Accounts receivable	47a	0		100000	
48 a Pledges receivable   48 a				47b	0	375	47c	0
b Less: allowance for doubtful accounts		~				Ì		
b Less: allowance for doubful accounts		48 a	Pledges receivable	48a	0			
49   Grants receivables from current and former officors, directors, trustees, and key employees (attach schedule)   0   50a   0   0	Î			48b	0	0	48c	0
999Y  999Y  999Y  90 a Receivables from ourrent and former officers, directors, trustees, and key employees (attach schedule).  b Receivables from other disqualified persons (as defined under section 4958(R(1)) and persons described in section 4958(R(3)) and persons and deferred charges in the section 4958(R(3)) and persons described in section 4958(R(3)) and persons described in section 4958(R(3)) and persons described in section 4958(R(3)) and persons and deferred section 4958(R(3)) and persons and deferred section 4958(R(3)) and persons and deferred section 4958(R(3)) and persons and deferred section 4958(R(3)) and persons and 4958(R(3)) and persons and 4958(R(3)) and persons and 4958(R(3)) and persons and 4958(R(3)) and persons and 4958(R(3)) and persons							49	
Rey employees (attach schedule)   D   50a   U								
b Receivables from other disqualified persons (as defined under section 4986(x)3) (b) and persons described in section 4986(x)3) (b) (attach schedule) . 51 a Cither notes and loans receivable (attach schedule) . 51 b . 0 . 51 c . 0 . 52 . 1 . 0 . 52 . 1 . 0 . 52 . 1 . 0 . 52 . 1 . 0 . 52 . 1 . 0 . 52 . 1 . 0 . 53 . 0 . 0 . 54 a . 0 . 0 . 54 a . 0 . 0 . 54 a . 0 . 0 . 54 a . 0 . 0 . 54 a . 0 . 0 . 54 a . 1 . 0 . 54 a . 0 . 0 . 54 a . 1 . 0 . 54 a . 0 . 0 . 54 a . 1 . 0 . 54 a . 0 . 0 . 55 a . 1 . 0 . 55 a . 1 . 0 . 55 a . 1 . 0 . 55 a . 1 . 0 . 55 a . 1 . 0 . 55 a . 1 . 0 . 55 a . 1 . 0 . 55 a . 1 . 0 . 55 a . 1 . 0 . 55 a . 1 . 0 . 55 a . 1 . 0 . 55 a . 1 . 0 . 55 a . 1 . 0 . 55 a . 1 . 0 . 55 a . 0 . 0 . 55 a . 2 . 0 . 0 . 55 a . 2 . 0 . 0 . 55 a . 2 . 0 . 0 . 55 a . 2 . 0 . 0 . 55 a . 2 . 0 . 0 . 55 a . 2 . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 55 a . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .		<b>5</b> 0 a	key employees (attach schedule)			0	50a	0
### 4958(()(1) and persons described in section 4958(e)(3)(B) (latch schedule) .   51a		h	Receivables from other disqualified persons (as defined	d under se	ection			
51 a Other notes and loans receivable (attach schedule)   51a			4958(f)(1)) and persons described in section 4958(c)(3)		50b			
b Less: allowance for doubtful accounts		51 a						
b Less: allowance for doubtful accounts  52	As			51a	0			
S2   Inventories for sale or use   S2   S3   Prepaid expenses and deferred charges   S3   S3   S7   S4   Investments—publicly-traded securities   S5   S4   Investments—publicly-traded securities   S5   S5   S5   S5   S5   S5   S5   S		b			0	0	51c	0
53   Prepaid expenses and deferred charges   54   Investments—publicly-traded securities.		ł						
54 a Investments—publicly-traded securities   Cost   FMV   D   54a   D							53	
b Investments—other securities (attach schedule). ▶ Cost FMV 0   \$4b 0    55a Investments—land, buildings, and equipment: basis   \$55a 0    b Less: accumulated depreciation (attach schedule)   \$5b 0 0   \$5c 0 0    56 Investments—other (attach schedule)   \$57a 0    57a		54 a	Investments—publicly-traded securities.	•	Cost FMV	0	54a	0
55 a   Investments—land, buildings, and equipment: basis   55a   0   0   55c   0		J-7 G	Investments other acquisition (attach schedule)			0	54b	0
Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Sec		D D	Investments—other securities (attach schedule).		, }			
b Less: accumulated depreciation (attach schedule)		55 a		550	n		A (1)	
Schedule   Schedule   S5b				334				
Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Solid   Sol		b		55h	n	0	55c	0
57 a kand, buildings, and equipment: basis   57a   0   0   0   57c   0   0   0   0   57c   0   0   0   0   0   0   0   0   0								0
b Less: accumulated depreciation (attach schedule)  Other assets, including program-related investments (describe				570			138 323	
Schedule   S7b   O   O   S7c   O				3/a	0		188633	
Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule   Schedule		đ		57h	n	0	57c	0
Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition			schedule)					
59   Total assets (must equal line 74). Add lines 45 through 58.   98,422   59   109,611     60		58	Other assets, including program-related investment	enis	,	0	58	0
60 Accounts payable and accrued expenses 61 Grants payable and accrued expenses 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees (attach schedule) 0 63 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		50	Total agents (must equal line 74) Add lines 45 t	hrough 5	58	98.422	59	109,611
61 Grants payable 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees (attach schedule) 64 a Tax-exempt bond liabilities (attach schedule) 65 Other liabilities (describe ▶ ) 66 Total liabilities. Add lines 60 through 65			Assess to a selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the selected and appropriate the sele	in ough c	, , , , , , , , , , , , , , , , , , ,			
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63 Loans from officers, directors, trustees, and key employees (attach schedule)		!				<del>  </del>		
schedule)  schedule)  64 a Tax-exempt bond liabilities (attach schedule)  b Mortgages and other notes payable (attach schedule)  65 Other liabilities. Add lines 60 through 65  Organizations that follow SFAS 117, check here and complete lines  67 through 69 and lines 73 and 74.  67 Unrestricted  68 Temporarily restricted  69 Permanently restricted  Organizations that do not follow SFAS 117, check here and complete lines 70 through 74.  70 Capital stock, trust principal, or current funds  71 Paid-in or capital surplus, or land, building, and equipment fund  72 Retained earnings, endowment, accumulated income, or other funds  73 Total net assets or fund balances. Add lines 67 through 69 or lines  70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).  74 Total liabilities and net assets/fund balances. Add lines 66 and 73.								
64 a Tax-exempt bond liabilities (attach schedule)  b Mortgages and other notes payable (attach schedule)  c5 Other liabilities (describe ► )  65 Other liabilities. Add lines 60 through 65	ě	63			0	63	0	
65 Other liabilities (describe ► ) 0 65 0 0  66 Total liabilities. Add lines 60 through 65 0 66 0  Organizations that follow SFAS 117, check here ► and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 68 Temporarily restricted 68 Permanently restricted 69 Organizations that do not follow SFAS 117, check here ► X and complete lines 70 through 74. 98,422 70 109,611 71 Paid-in or capital surplus, or land, building, and equipment fund 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 72 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) 98,422 73 109,611 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 98,422 74 109,611	Ξ					0		
65 Other liabilities (describe ► ) 0 65 0 0  66 Total liabilities. Add lines 60 through 65 0 66 0  Organizations that follow SFAS 117, check here ► and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 68 Temporarily restricted 68 Permanently restricted 69 Organizations that do not follow SFAS 117, check here ► X and complete lines 70 through 74. 98,422 70 109,611 71 Paid-in or capital surplus, or land, building, and equipment fund 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 72 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) 98,422 73 109,611 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 98,422 74 109,611	10	64 a	Tax-exempt bond liabilities (attach schedule) .	 dula\				
Organizations that foliow SFAS 117, check here I and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted Complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 71 Paid-in or capital surplus, or land, building, and equipment funds 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21). 74 Total liabilities and net assets/fund balances. Add lines 66 and 73. 98,422 73 109,611								0
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67 Unrestricted		Orga			Complete inica			
70 Capital stock, trust principal, or current funds	es						67	
70 Capital stock, trust principal, or current funds	Ĕ	l	Unrestricted				4	
70 Capital stock, trust principal, or current funds	aje						<del></del>	
70 Capital stock, trust principal, or current funds	m G	69	Permanently restricted	 hara 1	Nand		2888	
70 Capital stock, trust principal, or current funds	Ĕ	Orga	anizations that do not follow SFAS 117, check	nere i				
70 Capital stock, trust principal, of current funds	i.		complete lines /0 through /4.			98 422	70	109.611
72 Retained earnings, endowment, accumulated income, or other funds .  73 Total net assets or fund balances. Add lines 67 through 69 or lines  70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	ō	l	Capital stock, trust principal, or current runds .		at found	00,7722		
equal line 21)	ets	1	Paid-in or capital surplus, or land, building, and					
equal line 21)	185	1	Retained earnings, endowment, accumulated in	b CO or lines				
equal line 21)	at /	73	Total net assets or fund balances. Add lines 6	r urrougi	no (D) muct		[ ]	
requal line 21).  74 Total liabilities and net assets/fund balances. Add lines 66 and 73. 98,422 74 109,611	ž		70 through 72. (Column (A) must equal line 19 a	ana colur	iii (D) must	QR 422	73	109.611
/4   Otal liabilities and net assets fund balances. Add lines co dad 70.			equal line 21)	با ⊷االسلم ۸			,	
		74	Total liabilities and net assets/fund balances	. Add line	es ob anu 75 ]	30,422		Form <b>990</b> (2007)

Part I\		Reconciliation of Revenue per A instructions.)	udited Financial Sta	tements Witl	h Re	evenue per Retui	rn (S	ee the
	Total	evenue, gains, and other support per	audited financial statem	ents			а	
b		nts included on line a but not on Part I,						
		realized gains on investments			b1			
2	Donat	ed services and use of facilities			b2		1000	
3	Recov	eries of prior year grants			b3			
4	Other	(specify):						
					b4	0	10000	0
	Add lit	nes <b>b1</b> through <b>b4</b>			•		b	0
C		act line b from line a			• •		C	<u> </u>
d	Amou	nts included on Part I, line 12, but not o	on line a:	1	.14			
		ment expenses not included on Part I,	line 6b		<u>aı</u>			
2	Other	(specify):			d2	0		
						L	d	0
		nes d1 and d2					e	0
e	lotal	revenue (Part I, line 12). Add lines c a Reconciliation of Expenses per A	Nudited Financial St	atements Wi	ith F	xpenses per Re		
Part I	<u> </u>	expenses and losses per audited finan	-ini etetemente	atements ***		ZAPONOO POLITO	а	
a	Total	expenses and losses per audited finan	ciai statements		•			
b	Amou	nts included on line <b>a</b> but not on Part I, ed services and use of facilities	IRIC 17.		b1			
1	Donat	ed services and use of facilities rear adjustments reported on Part I, lin	,	· · · · · <del> </del>	b2			
2	Prior	rear adjustments reported on Hart i, in s reported on Part I, line 20	e 20		b3			
		•		· · · · · · · · · · · · · · · · · · ·				
4	Other	(specify):		i i	b4	0		
	الملمة	nes b1 through b4					b	0
	Aug III	act line <b>b</b> from line <b>a</b>					С	0
C		nts included on Part I, line 17, but not						
d 1	Amou	ment expenses not included on Part I,	line 6h		d1			
1 2		(specify):						
2	Other	(specify).			d2	0		
		nes d1 and d2					d	0
	Total	expenses (Part I, line 17). Add lines c	and <b>d</b>				е	0
Part V		Current Officers, Directors, Trus	tees, and Key Empl	ovees (List ea	ach p	erson who was an	office	er, director,
E COLUMN	- A	trustee, or key employee at any time of	luring the year even if t	hey were not c	omp	ensated.) (See the	instru	ıctions.)
			(B)	(C) Compensatio	n i	<ul><li>(D) Contributions to empl</li></ul>	oyee	(E) Expense account
		(A) Name and address	Title and average hours per	(If not paid, enter -0)		benefit plans & deferre compensation plans		and other allowances
			week devoted to position	enter -0)	$\dashv$	Compensation plans		
		in Bob Zales Str P.O. Box 4335	Title Pres.		o		0	0
		na City ST FL ZIP 32401	Hr/WK		4			<u>~</u>
		in Edward O sir Court 7790 Dentzel	Title VP				0	0
		apeake Beac ST MD ZIP 20732	Hr/WK		의_		<u>U</u>	<u> </u>
Name	Capta	in Tom Beck st 632 Michelle Dr.	Title 2nd VP				0	0_
	Biloxi	ST MS ZIP 39532	Hr/WK		0			<u> </u>
Name	Capta	in Gary Kreir str 720 Waverly Ave.	Title Secr.				^	0
	Evere		Hr/WK		0		0	<u> </u>
Name	Capta	in Ron Magli st 1831 S W Palm City	Title Treas.					_
City	Stuarl	ST FL ZIP 34994	Hr/WK		<u>이</u>		0	0
Name	Capta	in Pat Kelly str P.O. Box 474	Title				_	
City	Everg	lades City ST FL ZIP 34149	Hr/WK		0		0	0
		in Fred Liftor str 1021 Pettit Court	Title				_	
		Island ST FL ZIP 34145	Hr/WK		<u> </u>		0	0
		in Mike Nugt str P.O. Box 321	Title					
		as Pass ST TX ZIP 78335	Hr/WK		0		0	0
		in Tim Evers Str P.O. Box 39547	Title					
	Ninile		Hr/WK		0		0	0
		in Janice Lyr str 2905 Parkview Drive	Title					
	Port F		Hr/WK		0		0	0
City	OILI	1000 01 111 411 10 100						Form <b>990</b> (2007)

Part	V-A Current Officers, Directors, Trus			ed)		Yes	No
		d trustees permitted to	vote on organizat	ion business at board	(3.3.V		
75 a	meetings		, , o (o o ) ( o ) g a ( ) •				
	Are any officers, directors, trustees, or key em		000 Dort \/ A or b	viahoet compensated			
b	employees listed in Schedule A, Part I, or high	pioyees iisteu iii Foini aat aamaanaatad profe	perional and other	independent	144		
	contractors listed in Schedule A, Part II-A or II-	est compensated profit	essional and other er through family o	r husiness			
	relationships? If "Yes," attach a statement that	identifies the individua	ole and evalains the	e relationshin(s)	75b	See St. Projects	X
					34003	44000	10019600
C	Do any officers, directors, trustees, or key emp compensated employees listed in Schedule A,	Noyees listed in Form:	990, Part V-A, Or II	ngilesi and other			
	independent contractors listed in Schedule A,	Part I. A or II 9 receiv	o compensation fro	om any other			
	organizations, whether tax exempt or taxable,	that are related to the	organization? See	the instructions for			
	the definition of "related organization."				75c	1500000000	Χ
	If "Yes," attach a statement that includes the in	formation described in	the instructions.		N: VIV. 1 2 Y - WANT		
d	Does the organization have a written conflict o	f interest policy?			75d		Х
Part		and Kev Employees	That Received Co	mpensation or Other Ben	efits (if	any fo	rmer
	officer, director, trustee, or key employed	e received compensati	ion or other benefit	s (described below) during	the yea	r, list t	hat
	person below and enter the amount of c	omnensation or other	benefits in the app	ropriate column. See the ins	struction	ıs.)	
	person below and once the amount of a	1	(C) Compensation	(D) Contributions to employee		Expens	
	(A) Name and address	(B) Loans and Advances	(if not paid,	benefit plans & deferred		int and o	
	(77) 113.115 215 255.555		enter -0-)	compensation plans	all	owance	S
Name	N/A Str						
City					_		
Name	<u>N/A</u>			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
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Name	N/A Str						
City							
	N/A Str						
City		ione l	<u> </u>			Yes	No
Part	Did the organization make a change in its activ	uiting or mothode of co	nducting activities	2 If "Yes " attach a	SANG		
76	detailed statement of each change	rities of filetinous of co	inducting activities	. 11 100, allaon a	76	47.000 F0.005.	X
77	Were any changes made in the organizing or g	noverning documents	hut not reported to	the IRS?			X
77	If "Yes," attach a conformed copy of the change		but not reported to		71.73		
<b>70</b> -	Did the organization have unrelated business	arose income of \$1.00	0 or more during th	ne vear covered by			
78 a	this return?	g:033 πισοπίο οι ψ 1,00	o or more daming a		78a		X
<b>L</b>	If "Yes," has it filed a tax return on Form 990-1				78b	N/A	
	Was there a liquidation, dissolution, termination	n or substantial contr	action during the v	ear? If "Yes." attach	7 5 3 5 5 C A		
79	a statement	ii, or substantial contra	action during the y	oar. II 100, alloon	79	1001 0, 12 25	Х
on -	Is the organization related (other than by asso-	riation with a statewich	e or nationwide or	nanization) through			Sylven
80 a	common membership, governing bodies, trusti	one officers ato to a	ny other exempt or	nonexempt			
	organization?				80a	· construction of	Х
t_	•				3,333	SAVA	ON S
a	If "Yes," enter the name of the organization	والأعادات الاعاداء العاماء	ritio Commit	or noneyempt			
		and check whethe	i it is [] exempt	La.	V\$V\$\$\\   \$6.000		
	Enter direct and indirect political expenditures.		,	81a			
b	Did the organization file Form 1120-POL for the	nis year?			81b		X

Part	Other Information (continued)		Yes	No			
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge						
س م	or at substantially less than fair rental value?	82a		Х			
b	If "Yes," you may indicate the value of these items here. Do not include this amount						
~	as revenue in Part I or as an expense in Part II.						
	(See instructions in Part III.)						
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Χ				
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X				
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	ri, san Sag	Χ			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	0.41	N/A				
	or gifts were not tax deductible?	84b 85a	IN/A	Х			
85	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85b	X				
Đ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	000					
	organization received a waiver for proxy tax owed for the prior year.						
	Dues, assessments, and similar amounts from members						
	Section 162(e) lobbying and political expenditures						
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			478.00			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A						
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A				
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to						
	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	0.5	NI/A				
	following tax year?	85h	N/A	9(AV)			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12						
	Gross receipts, included on line 12, for public use of club facilities						
87 h	Gross income from other sources. (Do not net amounts due or paid to other	1400					
J	sources against amounts due or received from them.)						
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or						
	partnership, or an entity disregarded as separate from the organization under Regulations sections						
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the						
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	75,380.03.	35/284375			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►						
	section 4911 ► ; section 4912 ► ; section 4955 ►						
D	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach						
	a statement explaining each transaction	89b		Х			
С	Enter: Amount of tax imposed on the organization managers or disqualified						
_	persons during the year under sections 4912, 4955, and 4958						
	Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>&gt;</b>						
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
	transaction?	89e					
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		A CAG			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings						
	at any time during the year?	89g	100000000000000000000000000000000000000	alty satulish			
Qn 2	List the states with which a copy of this return is filed   NONE		L				
	Number of employees employed in the pay period that includes March 12, 2007 (See			***			
	instructions.)						
91 a	The books are in care of ▶ Name NATIONAL ASSOC. OF CHARTER BOAT OPER/ Telephone no. ▶ (8	66) 98	1-5136	3			
	Located at ► P.O. BOX 2990 City ORANGE BEACH STAL ZIP + 4 ► 36561						
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	015		X			
	account)?	91b	11880				
	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		Charles National				
	and Financial Accounts.		M				
	ADM LIDARIORA (1000/DR)	******					

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Page	2 2
1 000	

Part \	Other Information (continued)							<b>,</b>	Yes	No
	At any time during the calendar year, did the of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	/ 🕨						91c		X
92	Section 4947(a)(1) nonexempt charitable trust and enter the amount of tax-exempt interest re	eceive	d or accrued	during	the tax					<b> </b>
Part \	Analysis of Income-Producing Ac	ctivitie	s (See the	instruc	tions.)	···		······································		
Note:	Enter gross amounts unless otherwise	υ	nrelated busin	ess inco	me	Excluded by section	on 512, 513, or 51	4	(E) Relate	
indica	ted.		(A)	(	B)	(C)	(D)	e	xempt fi	
93	Program service revenue:	Bus	siness code	Am	ount	Exclusion code	Amount		incor	
b										
С										
d										
e										
f								_		
g	Fees and contracts from government agencies .			ļ						20.400
94	Membership dues and assessments			<u> </u>			<del></del>		16	38,106 680
95	Interest on savings and temporary cash investments .			ļ						689
96	Dividends and interest from securities	180000		(Sept. Sept.)			A RESERVED SHIP OF		HANGE	
97	Net rental income or (loss) from real estate:	157 (0.075)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ra druger gyar ver	A STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF S	A second section of second		2 2 2 2 3 4 5 5 2	1775 14 1 1 1 1 1 1
	debt-financed property			-				_	<u>-</u>	
	not debt-financed property			<del> </del>				$\neg$		
98 99	Net rental income or (loss) from personal property Other investment income			<del> </del>						
100	Gain or (loss) from sales of assets other than inventory			<u> </u>						
101	Net income or (loss) from special events			<b></b>						***************************************
102	Gross profit or (loss) from sales of inventory									
103	Other revenue: a NEWSLETTER ADVERTI									480
	CARD PROCESSING SERVICE									6,903
	MISCELLANEOUS									500
d										
е										
104	Subtotal (add columns (B), (D), and (E))			<u> </u>				0		96,678
105	Total (add line 104, columns (B), (D), and (E))						<b>&gt;</b> _		19	96,678
	Line 105 plus line 1e, Part I, should equal the a									
Part \	Relationship of Activities to the A									
Line I	of the organization's exempt purposes (other	r than b	y providing fu	nds for s	uch purp	oses).				
934	THE ANNUAL MEETING IS A FORUM FO	OR SEN	MINARS AND	) WOR	<u>KSHOP</u>	S THAT EDUCA	TE THE MEN	<b>IBEF</b>	<u>≀S ON</u>	
	GOVERNMENT REGULATIONS, SAFETY	Y MEA	SURES, EQI	<u>JIPMEI</u>	NT, AND	BETTER BUSI	NESS.			
						···· /O				
Part I		ubsid		ນເsreg	jarded	Entities (See	me instruction	oris.)		
	(A)		(B)	.		(C)	(D)		(E	
	Name, address, and EIN of corporation, partnership, or disregarded entity		Percentage ownership into		Natu	re of activities	Total incom-	e	End-of	
	partnership, or disregarded entity		Ownership into	%				0		0
		_		<del>/</del> %				ŏ -		0
				%				ol-	r	0
		— <u></u>						0		0
Part )	Information Regarding Transfers	Asso	ciated with	1.4	onal Be	enefit Contrac	ts (See the	nstru	ıctions	~~~
	d the organization, during the year, receive any funds, dir								_	XNo
(b) D	id the organization, during the year, pay premit	ums, d	irectly or ind	irectly,				Ľ	Yes	=
Note:	If "Yes" to (b), file Form 8870 and Form 4720	u (see i	instructions).						- 00	0 (000=

Part	Information Regarding is a controlling organizati			Complete only if the	organiza	ation
106	Did the reporting organization ma the Code? If "Yes," complete the	ke any transfers to a cont	trolled entity as defined in	section 512(b)(13) of	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amou	(D) nt of trans	
а						
b						
С						
	Totals					0
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes," of	eive any transfers from a complete the schedule be	controlled entity as defin- low for each controlled er	ed in section ntity.	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amou	(D) nt of trans	ifer
а						
þ						
c						
	Totals					0
108	Did the organization have a bindir rents, royalties, and annuities des			vering the interest,	Yes	No X
Pleas Sign Here	Under penalties of perjury, I declare that I h and belief, it is true, correct, and complete.  Signature of officer  Type or print name and title	ave examined this return, includir Declaration of preparer (other tha	ng accompanying schedules and in officer) is based on all informat	statements, and to the best of ion of which preparer has an Date	f my knowled y knowledge.	dge
Paid Prepare Use Onl	Preparer's signature Firm's name (or yours if self-employed),	ENER & JOHNSON, CPA		EIN ► 72-09:	7 28605	en. Inst. X)
<u></u>	address, and ZIP + 4 2305 N.	HULLEN ST., SUITE 10, I	VIETAIRIE, LA 70001-198	o prone no (304)	838-2251	