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

Subcommittee on Energy and Mineral Resources

Oversight hearing entitled the "Effect of the President's FY 2013 Budget and Legislative Proposals for the Bureau of Ocean Energy Management (BOEM) and Bureau of Safety and Environmental Enforcement (BSEE) on Private Sector Job Creation, Domestic Energy Production, Safety and Deficit Reduction."

March 8, 2012

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Jim Adams
2. Name of Organization(s) You are Representing at the Hearing: Offshore Marine Service Association
3. Business Address: 935 Gravier St. New Orleans, LA 70112
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

Name/Organization: <u>Jim Adams / Offshore Marine Service Association</u> Title/Date of Hearing: Subcommittee on Energy and Mineral Resources

Oversight hearing entitled the "Effect of the President's FY 2013 Budget and Legislative Proposals for the Bureau of Ocean Energy Management (BOEM) and Bureau of Safety and Environmental Enforcement (BSEE) on Private Sector Job Creation, Domestic Energy Production, Safety and Deficit Reduction." March 8, 2012

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.

BS JMU MA GWU

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.

Former United States Coast Guard Officer

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.

I represent the offshore service vessel industry

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.

None

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.

None

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

None

Name/Organization: Jim Adams / Offshore Marine Service Association
Title/Date of Hearing: Subcommittee on Energy and Mineral Resources
Oversight hearing entitled the "Effect of the President's FY 2013 Budget and Legislative Proposals for the
Bureau of Ocean Energy Management (BOEM) and Bureau of Safety and Environmental Enforcement
(BSEE) on Private Sector Job Creation, Domestic Energy Production, Safety and Deficit Reduction."
March 8, 2012

In addition, for witnesses representing organizations:

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

No

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).

None

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).

None

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.

None

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)).

Sent electronically

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)

OMB No. 1545-0047

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

and ending A For the 2008 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Please use IRS Address change label or OFFSHORE MARINE SERVICE ASSOCIATION, INC print or Name change type. 23-7378249 Initial retum Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-ation 990 N. CORPORATE DRIVE 210 504-734-7622 Instruc-Amende 1,329,393. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion HARAHAN, LA 70123-3324 H(a) Is this a group return pending F Name and address of principal officer: KEN WELLS Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes Tax-exempt status: X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► HTTP://WWW.OFFSHOREMARINE.ORG **H(c)** Group exemption number ▶ K Type of organization: Corporation Trust X Association L Year of formation: 1973 M State of legal domicile: LA Part I Summary Briefly describe the organization's mission or most significant activities: OMSA IS A LEADING NATIONAL Governance ASSOCIATION OF, AND SPOKESMAN FOR, THE OFFSHORE MARINE if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) 13 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 8 Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0. Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 884,394. 886,444. Contributions and grants (Part VIII, line 1h) Revenue 207,019. Program service revenue (Part VIII, line 2g) 191,836. 73,709. 79,048. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 94,637 88,336. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,249,915 1,255,508. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 519,715. 428,066 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 853,525. 715,337. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,373,240. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,143,403. <117,732.> 106,512. Revenue less expenses. Subtract line 18 from line 12 Assets or d Balances End of Year **Beginning of Year** 2,683,735. 2,761,728. 20 Total assets (Part X, line 16) 960,100. 920,361. 21 Total liabilities (Part X, line 26) Set English 841,367. 723,635. Net assets or fund balances. Subtract line 21 from line 20 22 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here KEN WELLS, PRESIDENT Type or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's Paid signature employed > Preparer's Firm's name (or BOURGEOIS BENNETT, L.L.C. EIN > yours if self-employed), Use Only 111 VETERANS BLVD. 17TH FLOOR address, and Phone no. ► 504.831.4949 METAIRIE, LOUISIANA 70005

X Yes

0	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	THE QUARTERLY BUSINESS MEETING PROGRAM FOCUSES ON CURRENT ISSUES
	AFFECTING THE OFFSHORE MARINE TRANSPORTATION INDUSTRY. FOUR MEETINGS
	PER YEAR ARE HELD THAT BRING MEMBER COMPANY'S STAFFS TOGETHER TO FOCUS
	ON CURRENT INDUSTRY EVENTS. SPEAKERS ADDRESS THE GROUP AND, SUB GROUPS
	HAVE CONCURRENT MEETINGS DURING THE PROGRAM FOCUSING ON SPECIFIC ISSUES
	SUCH AS MARINE TOWING, HUMAN RESOURCES, ETC. APPROXIMATELY 470
	INDIVIDUALS ATTENDED THE FOUR QUARTERLY BUSINESS MEETING PROGRAMS IN
	2008.
d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
е	Total program service expenses ►\$ (Must equal Part IX, Line 25, column (B).)
	Form 990 (2008)
002 18-	
	~

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

		100000000000000000000000000000000000000	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			ĺ
	If "Yes," complete Schedule N, Part I	-31		X
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		Х
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		х
34	Was the organization related to any tax-exempt or taxable entity?			ľ
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			İ
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ŀ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

	tV Statements Regarding Other IRS Filings and Tax Compliance	10247		age o
	Outerione regularing outer file rainings and rax compliance	1	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		168	140
	U.S. Information Returns. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
ŭ	(gambling) winnings to prize winners?	1c		Х
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10		
20	filed for the calendar year ending with or within the year covered by this return	8		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	20		
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		Х
	TO THE STATE OF TH			
	It "Yes," has it filed a Form 990-1 for this year? It "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
- a		4a		Х
.	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	44		
U	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	-		
E-	Financial Accounts.	- F-	**********	Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	_		
6-	Tax Shelter Transaction?			X
	Did the organization solicit any contributions that were not tax deductible?	6a		Α_
D	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).	7-	**********	*******
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	1 1		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7-		******
	benefit contract?	7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		-	
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			\vdash
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		<u> </u>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			*******
_	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			**********
a	Did the organization make any taxable distributions under section 4966?	1		
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: N/A			
а	Gross income from members or shareholders	\dashv	 	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		(

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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

sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	13		
b	Enter the number of voting members that are independent	13		
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	X	
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?			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			Х
6	Does the organization have members or stockholders?		Х	
7a				
	governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	···		
-	by the following:			
а	The governing body?	8a	X	possossis
	Each committee with authority to act on behalf of the governing body?		X	
	Does the organization have local chapters, branches, or affiliates?		1	Х
	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?	9ь		
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	X	
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		Х
ec	tion B. Policies			
			Yes	No
I2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		X
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
4	Does the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶LA			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) avail	able for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest police	y, and fir	ancial	
	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 organic	inization:	•	
	OFFSHORE MARINE SERVICE ASSOCIATION - 504-734-7622		-	
	990 N CORPORATE DRIVE SUITE 210, HARAHAN, LA 70123-3324			

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

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

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

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

Check this box if the organization did not co	ompensate an	y of	ficer	, dire	cto	r, tru	uste	e, or key employee.		
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average			Posit	ion			Reportable	Reportable	Estimated
	hours	(c	heck	all ti	hat	арр	ly)	compensation	compensation	amount of
	per	tor						from	from related	other
	week	olirec				20		the	organizations	compensation from the
	. *	age o	nstee		-	ensat		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
		al trus	nal tr	.	loyee	dwo		(** 2) 1033 141100)		and related
		individual trustee or director	nstitutional trustee	Officer	/етр	Highest compensated employee	Ē			organizations
		르	SE.	B	Ş.	High High	호			
STEPHEN W. DICK										
CHAIRMAN	0.30	Х						0.	0.	0.
MINOR CHERAMIE, JR										
DIRECTOR	0.30	Х						0.	0.	0.
OTTO CANDIES, III	-									
DIRECTOR	0.30	X				·		0.	0.	0.
FRANK TERRELL										
DIRECTOR	0.30	Х						0.	0.	0.
ROBERT CLEMONS					•					
DIRECTOR	0.30	Х						0.	0.	0.
BARRY GRAHAM										
DIRECTOR	0.30	Х					-	0.	0.	0.
BRANDT DUFRENE										
DIRECTOR	0.30	X						0.	0.	0.
LYNN STRAHAN							<u> </u>			
DIRECTOR	0.30	Х						0.	0.	0.
TODD M. HORNBECK										
SECRETARY/TREASURER	0.30	Х						0.	0.	0.
DINO CHOUEST										
DIRECTOR	0.30	X						0.	0.	0.
RANDY REED										
DIRECTOR	0.30	X						0.	0.	0.
AARON THOMAS					-					
DIRECTOR	0.30	Х						0.	0.	0.
LEE ORGERON						-				
DIRECTOR	0.30	Х						0.	0.	0 .
KENNETH WELLS			-				-			
OMSA PRESIDENT	40.00				Х			212,820.	0.	19,250.
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(A)	(B)	пріс		(0	C)		est	(D)	· (E)		(F)
Name and title	Average hours	(cl		Posi		app	olv)	Reportable compensation	Reportable compensation		stimated mount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC) coi	other mpensation from the ganization nd related ganizations
					-				-		
										-	
									-		
											." .
											-
1b Total							1	212,820.		0.	19,250.
 Total number of individuals (including those compensation from the organization Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si 	director or tru	ıstee	e, ke	y er	nplc	yee	, or h	nighest compensated e	mployee on	3	Yes No
and related organizations greater than \$15 Did any person listed on line 1a receive or the organization? If "Yes," complete School Section B. Independent Contractors	0,000? <i>If "Yes</i> accrue compe	," cc nsat	<i>mpi</i> tion	ete from	Sch n an	e <i>dui</i> y un	le <i>J i</i> relat	for such individual ed organization for sen	vices rendered to	5	X
Complete this table for your five highest co the organization.	mpensated in	dep	end	ent o	cont	ract	ors t	that received more than	\$100,000 of comp	ensatio	n from
(A) Name and business	address							(B) Description of	services	Comp	(C) pensation
										-	
					· · · ·						
2 Total number of independent contractors (from the organization ►	including thos	e in	1) w	ho r	ece	ived	moi	re than \$100,000 in con	npensation		

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

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).

	cc. c. gamzanono maot comp	orete corariir (A) but are		ctc columns (D), (O), un	
	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	· · · · · · · · · · · · · · · · · · ·	·		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 000		·	
	trustees, and key employees	232,070.			
6	Compensation not included above, to disqualified				* *
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	226 002			
7	Other salaries and wages	236,882.			
8	Pension plan contributions (include section 401(k)	22 477			
	and section 403(b) employer contributions)	22,477.			
9	Other employee benefits	28,286.			
10	Payroll taxes	20,200.			
11	Fees for services (non-employees):			•	5.4
a b	Management	12,924.			
C	Legal Accounting	15,250.			
d	Lobbying	170,000.			- 111
e	Professional fundraising services. See Part IV, line 17	2.0,000			
f	Investment management fees				
g	Other		* *		
12	Advertising and promotion				
13	Office expenses	30,610.	·		
14	Information technology				
15	Royalties				
16	Occupancy	53,829.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	64,118.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,686.			
23	Insurance				
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.)	171 (10			
а	LOSS ON BANK FAILURE	171,613.	·.		
b	JONES ACT EXPENSES	107,212.			
c	INSURANCE SECURITY PROCESM EXPENS	78,616.			
d	SECURITY PROGRAM EXPENS	74,739.			
e	TRAVEL MEALS & ENTERTAI	43,436. 23,492.			
f OF	All other expenses	1,373,240.			
25	Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ▶ ☐ if following	1,3/3,240.			
26	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	*			
	educational campaign and fundraising solicitation				-
	Saasaasina sampaign and full distribute symptetism				

OFFSHORE MARINE SERVICE ASSOCIATION, INC 23-7378249 Page **11** Part X **Balance Sheet** (A) Beginning of year End of year 261,243. 524,336. Cash - non-interest-bearing 151,230. 16,039. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 613,239. 482,288. Accounts receivable, net 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 6 Part II of Schedule L Notes and loans receivable, net Inventories for sale or use 8 1,000. 719. Prepaid expenses and deferred charges 10a 10a Land, buildings, and equipment: cost basis ... **b** Less: accumulated depreciation. Complete 28,796. 11,441. 26,606. Part VI of Schedule D _______10b 10c Investments - publicly traded securities 11 11 1,591,714. 1,765,608. Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 2,761,728. 42,223. 2,683,735. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 74,040. 17 Accounts payable and accrued expenses 18 18 Grants payable 886,060. 878,138. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 25 Other liabilities. Complete Part X of Schedule D 920,361. 960,100. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117, check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,010,688. 1,138,656. 27 Unrestricted net assets 830,679. 584,979. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 1,723,635. 1,841,367. 33 Total net assets or fund balances 2,761,728. 2,683,735. Total liabilities and net assets/fund balances Part XI Financial Statements and Reporting Yes No X Accrual Other Accounting method used to prepare the Form 990: Cash Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Х b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х 2c review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

За

Х

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2008 Open to Public Inspection

Name of the organization

OFFSHORE MARINE SERVICE ASSOCIATION, INC

Employer identification number 23-7378249

Pa	rt I	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate contributions to (during year)		
3	Aggre	egate grants from (during year)	· · · · · · · · · · · · · · · · · · ·	
4	Aggre	egate value at end of year		
5	Did th	ne organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are th	e organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did th	ne organization inform all grantees, donors, and donor a	dvisors in writing that grant funds may b	e used only
		aritable purposes and not for the benefit of the donor of	r donor advisor or other impermissible p	rivate benefit? Yes No
Pa	rt II	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1		ose(s) of conservation easements held by the organizati		
	· <u> </u>	Preservation of land for public use (e.g., recreation or p	· —	storically important land area
	Щ	Protection of natural habitat	Preservation of certi	fied historic structure
	Щ	Preservation of open space		
2	Comp	plete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cor	nservation easement on the last day
	of the	e tax year.		
				Held at the End of the Year
a		number of conservation easements		1 1
b		•		
С		per of conservation easements on a certified historic str		
. a		per of conservation easements included in (c) acquired		
3	year !	per of conservation easements modified, transferred, re	leased, extinguished, or terminated by tr	le organization during the taxable
4	•	per of states where property subject to conservation ea	soment is located	
5		the organization have a written policy regarding the per		and
		cement of the conservation easements it holds?		
6		or volunteer hours devoted to monitoring, inspecting, a		
7		unt of expenses incurred in monitoring, inspecting, and		
8		each conservation easement reported on line 2(d) above		
		ection 170(h)(4)(B)(ii)?		
9		rt XIV, describe how the organization reports conservati		
		de, if applicable, the text of the footnote to the organiza		
		ervation easements.		
Pa	n III	Organizations Maintaining Collections o	f Art, Historical Treasures, or 0	Other Similar Assets.
	1	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
, 1a		organization elected, as permitted under SFAS 116, no		
	treas	ures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
		potnote to its financial statements that describes these		
b		organization elected, as permitted under SFAS 116, to		
	or oth	ner similar assets held for public exhibition, education, o	or research in furtherance of public service	ce, provide the following amounts relating to
		items:		
		levenues included in Form 990, Part VIII, line 1		
	(ii) A	ssets included in Form 990, Part X		> \$
2	If the	organization received or held works of art, historical tre	easures, or other similar assets for financ	ial gain, provide
		ollowing amounts required to be reported under SFAS 1		
а		nues included in Form 990, Part VIII, line 1		
b	Asset	ts included in Form 990, Part X		> \$

Sche	dule D (Form 990) 2008 OFFSHOR	E MARINE S	ERVICE	ASSOCIATI	ON, I	NC 2	3-73	78249	Pag	ge 2
Par	till Organizations Maintaining C									
3	Using the organization's accession and othe	r records, check an	y of the followi	ng that are a signi	ficant use	of its colle	ction ite	ns (checl	< all	
	that apply):									
а	Public exhibition		d Loan d	or exchange progr	ams					
b	Scholarly research		Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how they fu	ther the organizat	ion's exem	npt purpos	se in Parl	XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, historica	al treasures, or oth	ner similar	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	Trust, Escrow and Custodial reported an amount on Form 990, Pa		Complete if	organization answ	ered "Yes	to Form	990, Par	t IV, line 9	, or	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for contri	butions or other a	ssets not i	ncluded				
	on Form 990, Part X?			·.			\square	Yes		No
ь	If "Yes," explain the arrangement in Part XIV									<u>.</u>
								Amount		
C	Beginning balance					1c			<u> </u>	
d	Additions during the year					1d	·			
	Distributions during the year									
f	Ending balance					1 1		-		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				<u> </u>	Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete i	f organization answ	ered "Yes" to l	Form 990, Part IV,	line 10.		-			
		(a) Current year	(b) Prior ye	ear (c) Two year	ars back (d) Three ye	ars back	(e) Four	years t	oack
1a	Beginning of year balance									
b	Contributions									
	Investment earnings or losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment ►	%								
С	Term endowment ▶									
3a	Are there endowment funds not in the posse	ession of the organiz	zation that are	held and administ	ered for th	e organiza	ation	4 _		
	by:					-			Yes	No
	(i) unrelated organizations	·						3a(i)		
b	If "Yes" to 3a(ii), are the related organization:									
4	Describe in Part XIV the intended uses of the	organization's end	lowment funds							
Par					10.		-			
	Description of investment	(a) Cost or obasis (invest	,) Cost or other basis (other)	(c) De	epreciation	n	(d) Bool	c value)
1a	Land									
b	Buildings			÷						
	Leasehold improvements						-			
	Equipment	1 .								
	Other		402.			28,79	96.	2	6,6	06.
	. Add lines 1a-1e. (Column (d) should equal F	•		0(c).)			>		6,6	

Scriedule D (FOIII 990) 2000 OT F SHOKE FIAN	THE DERVICE	ADDUCTATI	ON, INC 23	1-7370243 Fage 3
Part VII Investments - Other Securities. See	Form 990, Part X, line 12			
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valu Cost or end-of-year ma	
Financial derivatives and other financial products				
Olasah, kalala assitu istamata				
Other CERTIFICATES OF DEPOSIT	1,765,608.	FND_OF_	YEAR MARKET	TAT.IIF
Other CERTIFICATES OF DEFOSIT	1,705,000.	END-OF-	-IEAN PANNEI	. VALIOE
		5. 5. 5.		
		·		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	1,765,608.			
Part VIII Investments - Program Related. See	Form 990, Part X, line 1	3.		
(a) Description of investment type	(b) Book value		(c) Method of valu Cost or end-of-year ma	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Cost or end-or-year ma	irket value
			· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·				
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)	· · · · · · · · · · · · · · · · · · ·			
Part IX Other Assets. See Form 990, Part X, line 1	5. escription			(b) Book value
(a) D	escription			(b) Book Value
			· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) should equal Form 990, Part X, col (B) line			>	•
Part X Other Liabilities. See Form 990, Part X, lin	ne 25.	(h) Amount	<u> </u>	
(a) Description of liability		(b) Amount	\dashv	
Federal income taxes			\dashv	
			\dashv	
			\dashv	
		-		
	·			
Total, (Column (b) should equal Form 990, Part X, col (B) line	≥ 25.)			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

	dule D (Form 990) 2008 OFF SHORE MARINE SERVICE ASS			23-1	3/8249 Page 4
Pa	TXI Reconciliation of Change in Net Assets from Form 990 to	<u>Financi</u>	al Statements	•	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,255,508.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,373,240.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<117,732.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4-8				0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		<117,732.
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With	n Revenue per l	Return	
1	Total revenue, gains, and other support per audited financial statements			1	1,329,393.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
ь	Donated services and use of facilities				
С	Recoveries of prior year grants				
ď	Other (Describe in Part XIV)		73,885	•	
e	Add lines 2a through 2d	***************************************		2e	73,885.
3	Subtract line 2e from line 1			3	1,255,508.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
- Ь	Other (Describe in Part XIV)			1	
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				1,255,508.
	TXIII Reconciliation of Expenses per Audited Financial Stateme				
1	Total expenses and losses per audited financial statements			1	1,447,125.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments			7	
C	Losses reported on Form 990, Part IX, line 25	1 1			
d	Other (Describe in Part XIV)		73,885	•	
e	Add lines 2a through 2d			2e	73,885.
3	Subtract line 2e from line 1			3	1,373,240.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
i a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Bort VIV)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)			5	1,373,240.
******	* XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	l. lines 1a	and 4: Part IV. lines	1b and 2	b: Part V. line 4: Part
	irt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	.,			
,,,,	, , , , , , , , , , , , , , , , , , ,				
					•

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008 Open To Public

Schedule G (Form 990 or 990-EZ) 2008

Internal Revenue Service Inspection Name of the organization Employer identification number 23-7378249 OFFSHORE MARINE SERVICE ASSOCIATION, Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Email solicitations Solicitation of government grants g X Special fundraising events Phone solicitations In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) from activity fundraiser or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2008 OFFSHORE MARINE SERVICE ASSOCIATION, IN23-7378249 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

	_	on Form 990-EZ, line 6a. List events with					
				(b) Event #2 FISHING RODEO (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))	
Revenue	1	Gross receipts	126,671.			159,521.	
	2	Less: Charitable contributions					
	3	Gross revenue (line 1 minus line 2)	126,671.	32,850.		159,521.	
•	4	Cash prizes			· .		
ses	5	Non-cash prizes					
Direct Expenses	6	Rent/facility costs					
Direct	7	Other direct expenses	60,655.	13,230.		73,885.	
÷	8	Direct expense summary. Add lines 4 through	h 7 in column (d)	73,885			
P	9 irt l	Net income summary. Combine lines 3 and 8 Gaming. Complete if the organization				85,636.	
		\$15,000 on Form 990-EZ, line 6a.	andwordd 165 to FOII	1 3 3 0, 1 cat 1 v, m le 1 3, 0 1 1	oportos more man		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Rev	1	Gross revenue					
σ.	2	Cash prizes					
chense		Non-cash prizes					
Direct Expenses		Rent/facility costs					
_	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes% No	Yes % No		
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			(
, 	8	Net gaming income summary. Combine lines	1 and 7 in column (d)		>		
a	ls 1	ter the state(s) in which the organization opera the organization licensed to operate gaming a No," Explain:	ates gaming activities: _			Yes No	
		ere any of the organization's gaming licenses r Yes," Explain:	evoked, suspended or t	erminated during the tax	year?	10a	
11 12	ls t	es the organization operate gaming activities the organization a grantor, beneficiary or trustominister charitable gaming?				11	

		1 !		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	N
Indicate the percentage of gaming activity operated in:						
a The organization's facility				<u>%</u>		
b An outside facility				%		
Provide the name and address of the person who prepares the organization's	gaming/special events bo	oks and r	ecords:			
Name				-		
Address ▶						
Audiess				-		
a Does the organization have a contract with a third party from whom the organ	ization receives gaming re	venue?		15a		****
a bood the organization have a contract than a time party from whom the organization	inzation received garming re	vonuo: .	• • • • • • • • • • • • • • • • • • • •			
b If "Yes," enter the amount of gaming revenue received by the organization	:\$ a	ind the ar	nount			
of gaming revenue retained by the third party ▶\$						
c If "Yes," enter name and address:						
Name ▶				_		
Address			-	-		
Gaming manager information:						
Name ▶						
Name P	<u>- </u>			-		
Gaming manager compensation ▶ \$						
Description of services provided			194	_		
				_		
				_		
Director/officer Employee Independ	ent contractor		1			
Mandatory distributions:						
a Is the organization required under state law to make charitable distributions f					 	#
retain the state gaming license?				17a		
b Enter the amount of distributions required under state law distributed to other	r exempt organizations or	spent in t	he			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

OFFSHORE MARINE SERVICE ASSOCIATION, INC

Employer identification number 23-7378249

Pε	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
	of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,		.	
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	-	X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>

Schedule J (Form 990) 2008

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

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

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

(F)	Compensation reported in prior Form 990 or Form 990-EZ	0	0						-														
	Otal of columns (B)(i)-(D)	232,070.	0.																				
	Nontaxable benefits	0	0																-				
(0)	Deferred compensation	19,250.	0										-										
C compensation	(iii) Other compensation	0	0				-											-					
(B) Breakdown of W-2 and/or 1099-MISC compensation	(ii) Bonus & incentive compensation	0	0	-																			
(B) Breakdown of W	(i) Base compensation	212,820.	0			-																	
	(A) Name		KENNETH WELLS		<u>: 8</u>	0	0		U	U	5	(9)		(3)	8	(2)	: 8	8		(9)	(9)		(1)

SCHEDULE O (Form 990)

832211 12-18-08

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

OFFSHORE MARINE SERVICE ASSOCIATION, INC

Employer identification number 23-7378249

Schedule O (Form 990) 2008

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRANSPORTATION SERVICE INDUSTRY. THE MISSION IS TO VIGOROUSLY DEFEND
THE CABOTAGE LAWS OF THE UNITED STATES, TO PROACTIVELY FOSTER, DEVELOP,
AND PROMOTE POSITIONS WHICH ARE FAVORABLE TO THE COMMON GOOD OF ITS
MEMBERS WITH GOVERNMENTAL AND REGULATORY BODIES, WORLDWIDE. WE
ENCOURAGE AND PROMOTE THE HIGHEST STANDARDS OF SAFETY TRAINING AND
ENVIRONMENTAL PROTECTION OF ITS MEMBER COMPANIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OFFSHORE VESSELS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE SAFETY ORIENTATION PROGRAM FOCUSES ON REQUIRED SAFETY TRAINING FOR
EMPLOYEES OF MEMBER COMPANIES. INDIVIDUALS REQUIRED BY COAST GUARD
REGULATIONS TO HAVE SAFETY TRAINING ATTEND THE PROGRAM AND ARE ISSUED
CARDS DOCUMENTING THEIR PARTICIPATION AND COMPLETION OF THE PROGRAM.
APPROXIMATELY 1303 CARDS WERE ISSUED IN 2008.
THE OMSA LEGAL FORUM IS A COMMONSENSE, PLAIN ENGLISH APPROACH TO THE
LEGAL AND INSURANCE ISSUES THAT AFFECT THE OFFSHORE SUPPORT VESSEL
SECTOR. APPROIXMATELY 100 MEMBERS WERE IN ATTENDANCE IN 2008.
FORM 990, PART VI, SECTION A, LINE 2: CONFLICT OF INTEREST POLICY: ONE
OF THE FORMER BOARD MEMBERS IS ALSO A PRESIDENT OF A BANK WHERE OMSA HAS A
CD. BECAUSE OF THE RELATIONSHIP BETWEEN THAT BOARD MEMBER AND THE
FINANCIAL INSTITUTION, THE RENEWAL WAS PUT BEFORE THEW WHOLE BOARD. THE

FINANCIAL INSTITUTION, THE RENEWAL WAS PUT BEFORE THEW

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

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

2008
Open to Public Inspection

Name of the organization

OFFSHORE MARINE SERVICE ASSOCIATION, INC

Employer identification number 23-7378249

MEMBER WITH THE CONFLICT WAS ASKED TO LEAVE THE MEETING, AND THE BOARD

CONSIDERED THE RATE AND TERMS JUST AS THEY WOULD WITH ANY OTHER INVESTMENT.

IT WAS DECIDED THAT IT WAS A GOOD INVESTMENT, AND THE CD WAS RENEWED.

FORM 990, PART VI, SECTION A, LINE 6: THE BOARD MEMBERS PROVIDE OVERSITE OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B: ALL MATTERS DECIDED ON BY THE BOARD

AND THE PRESIDENT ARE INSTITUTED. THEN THEY ARE PRESENTED TO THE GENERAL

MEMBERSHIP FOR INFORMATIONAL PURPOSES ONLY.

FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS REVIEWED FIRST BY REGAN

MATTHEWS (FINANCE AND ADMINISTRATIVE MANAGER) FOR ANY INCONSISTENCIES OR

ERRORS. THEN KENNETH WELLS (PRESIDENT) REVIEWS IT. THE BOARD IS GIVEN A

COPY OF THE RETURN AS WELL, BUT THE APPROVAL COMES FROM THE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY: ONE
OF THE FORMER BOARD MEMBERS IS ALSO A PRESIDENT OF A BANK WHERE OMSA HAS A
CD. BECAUSE OF THE RELATIONSHIP BETWEEN THAT BOARD MEMBER AND THE
FINANCIAL INSTITUTION, THE RENEWAL WAS PUT BEFORE THEW WHOLE BOARD. THE
MEMBER WITH THE CONFLICT WAS ASKED TO LEAVE THE MEETING, AND THE BOARD
CONSIDERED THE RATE AND TERMS JUST AS THEY WOULD WITH ANY OTHER INVESTMENT.
IT WAS DECIDED THAT IT WAS A GOOD INVESTMENT, AND THE CD WAS RENEWED.

SCHEDULE O (Form 990)

•

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

QMB No. 1545-0047 2008 Open to Public Inspection

Name of the organization

OFFSHORE MARINE SERVICE ASSOCIATION, INC

Employer identification number 23-7378249

FORM 990, PART VI, SECTION B, LINE 15: KENNETH WELLS (PRESIDENT OF OSMA)	
MAKES RECOMMENDATIONS BASED UPON THE 990'S OF OTHER SIMILAR NON-PROFITS,	
AND THE BOARD USES THE INFORMATION PROVIDED IN CONJUNCTION WITH OSMA'S	
ACCOMPLISHMENTS AND FAILURES TO MAKE THE FINAL DETERMINATION.	
FORM 990, PART VI, SECTION C, LINE 19: OSMA MAKES THEIR GOVERNING	
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILAB	LE
TO THE PUBLIC UPON REQUEST OF THESE DOCUMENTS.	
THE AUDIT COMMITTEE MAKES ALL DECISIONS.	
	

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

if v	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X
	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Do n	not complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led For	m 8868.
Pa	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
Асо	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete	
Part	I only		▶ □
	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar e income tax returns.	n exten	sion of time
note (not you	etronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or community submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fixing gov/efile and click on e-file for Charities & Nonprofits.	ically if nsolida	(1) you want the additional ated Form 990-T. Instead,
Туре	e or Name of Exempt Organization	Empl	oyer identification number
print	OFFSHORE MARINE SERVICE ASSOCIATION, INC	2	3-7378249
File by	y the ate for Number, street, and room or suite no. If a P.O. box, see instructions.	1 2	3-7370243
filing y	See	-	
instruc	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARAHAN, LA 70123-3324		
Che	ck type of return to be filed (file a separate application for each return):		
X	Form 990 Form 990-T (corporation) Form 4	720	
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5		
	Form 990-EZ Form 990-T (trust other than above) Form 6	069	
	Form 990-PF	870	
	Form 990-PF	870 .	
	OFFSHORE MARINE SERVICE ASSOCIATION		
	OFFSHORE MARINE SERVICE ASSOCIATION he books are in the care of > 990 N CORPORATE DRIVE SUITE 210 - HARAF		LA 70123-3324
T	OFFSHORE MARINE SERVICE ASSOCIATION the books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 - HARAF telephone No.▶ 504-734-7622 FAX No.▶	IAN,	
Te ● If	OFFSHORE MARINE SERVICE ASSOCIATION he books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 − HARAF elephone No. ▶ 504-734-7622 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box	IAN,	▶ □
T∈ • If • If	OFFSHORE MARINE SERVICE ASSOCIATION he books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 − HARAF elephone No. ▶ 504-734-7622 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box	IAN,	r the whole group, check this
Te ● If ● If	OFFSHORE MARINE SERVICE ASSOCIATION he books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 − HARAF elephone No. ▶ 504-734-7622 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box	IAN,	r the whole group, check this
Te ● If ● If	OFFSHORE MARINE SERVICE ASSOCIATION he books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 − HARAF elephone No. ▶ 504-734-7622 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box	HAN,	r the whole group, check this ers the extension will cover.
● If ● If box	OFFSHORE MARINE SERVICE ASSOCIATION he books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 − HARAF elephone No. ▶ 504-734-7622 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named a is for the organization's return for:	HAN,	r the whole group, check this ers the extension will cover.
● If ● If box	OFFSHORE MARINE SERVICE ASSOCIATION he books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 − HARAF elephone No. ▶ 504-734-7622 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th I fit is for part of the group, check this box ▶ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named a	HAN,	r the whole group, check this ers the extension will cover.
● If ● If box	OFFSHORE MARINE SERVICE ASSOCIATION he books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 − HARAF elephone No. ▶ 504-734-7622 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named a is for the organization's return for:	HAN,	r the whole group, check this ers the extension will cover.
● If ● If box	OFFSHORE MARINE SERVICE ASSOCIATION he books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 − HARAF elephone No. ▶ 504-734-7622 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th □ . If it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009 , to file the exempt organization return for the organization named is for the organization's return for: ■ X calendar year 2008 or	HAN,	r the whole group, check this ers the extension will cover. The extension
• If • If box	OFFSHORE MARINE SERVICE ASSOCIATION he books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 − HARAF elephone No. ▶ 504-734-7622 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th	HAN,	r the whole group, check this ers the extension will cover. The extension Change in accounting period
To iff look	OFFSHORE MARINE SERVICE ASSOCIATION he books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 − HARAF elephone No. ▶ 504-734-7622 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th □ . If it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named a sist of the organization's return for: □ X calendar year 2008 or □ tax year beginning, and ending If this tax year is for less than 12 months, check reason: □ Initial return □ Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	HAN,	r the whole group, check this ers the extension will cover. The extension
1 To If box	OFFSHORE MARINE SERVICE ASSOCIATION the books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 − HARAF elephone No. ▶ 504−734−7622 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	HAN, is is for memberatil above.	r the whole group, check this ers the extension will cover. The extension Change in accounting period
To If If box	OFFSHORE MARINE SERVICE ASSOCIATION the books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 − HARAF elephone No. ▶ 504-734-7622 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box	HAN,	r the whole group, check this ers the extension will cover. The extension Change in accounting period
To iff look	OFFSHORE MARINE SERVICE ASSOCIATION he books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 − HARAF elephone No. ▶ 504-734-7622 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009, to file the exempt organization return for the organization named a sis for the organization's return for: X calendar year 2008 or X calendar year 2008 or This tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	HAN, is is for memberatil above.	r the whole group, check this ers the extension will cover. The extension Change in accounting period
To If If box	OFFSHORE MARINE SERVICE ASSOCIATION the books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 − HARAF elephone No. ▶ 504-734-7622 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box	HAN, is is for memberatil above.	r the whole group, check this ers the extension will cover. The extension Change in accounting period

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

LHA

Form **8868** (Rev. April 2009) Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

57327 Q OMB No. 1545-1709

internal Reven	ue Service	► File a s	eparate application t	or each return.			
If you ar	e filing for an Automatic	3-Month Extension, compl	ete only Part I and ch	neck this box			▼ 🗓
If you ar	e filing for an Additional (Not Automatic) 3-Month E	xtension, complete (only Part II (on page 2 of this	form).		
Do not co	mplete Part II unless you	r have already been granted	an automatic 3-mont	h extension on a previously fi	led Form	WAILED C	<u>ERTIFIED</u>
Part I	Automatic 3-Mo	onth Extension of Tim	e. Only submit origin	al (no copies needed).			
A corporat		90-T and requesting an auto		sion - check this box and corr	plete	MAY 1	2 2009 ▶ □
				use Form 7004 to request ar	extensi	on of time	
noted belo (not auton you must :	w (6 months for a corpora atic) 3-month extension o	ation required to file Form 99 or (2) you file Forms 990-BL, d and signed page 2 (Part II)	10-T). However, you ca 6069, or 8870, group	a 3-month automatic extension annot file Form 8868 electronic returns, or a composite or co pre details on the electronic fi	ically if (1 nsolidate	i) you want the ed Form 990-T	additional
Type or print	Name of Exempt Organi	zation			Emplo	yer identificat	ion number
	OFFSHORE MAR	INE SERVICE AS	SOCIATION,	INC	23	-737824	9
File by the due date for		m or suite no. If a P.O. box,					
filing your return See		RATE DRIVE, NO				······································	
instructions.	City, town or post office HARAHAN, LA	, state. and ZIP code. For a 70123-3324	foreign address, see	instructions .			
Check typ	e of return to be filed (file	e a separate application for	each return):				
X Form	n 990	Form 990-T (corporat	ion)	Form 4	720		
	n 990-BL	Form 990-T (sec. 401	•	Form 5	227		
For	n 990-EZ	Form 990-T (trust oth		Form 6	069		
For	n 990-PF	Form 1041-A		Form 8	B70		
		OFFSHORE MARIN	E SERVICE	ASSOCIATION			
		990 N CORPORAT		ITE 210 - HARAF	IAN,	LA 7012	3-3324
	one No.▶ <u>504-734</u>		FAX,No				
				es, check this box			.▶ L
				umber (GEN) If th			
box ➤ L	If it is for part of the	group, check this box 🕨 🗀	and attach a list w	vith the names and EINs of all	membe	rs the extensio	n will cover.
is fo	AUGUST 15, 20 r the organization's return	for:		n 990-T) extension of time un n for the organization named :		he extension	
P L	Calendar year 2008	or					
	tax year beginning		, and ending			- '	
2 If th	s tax year is for less than	12 months, check reason:	Initial return	Final return		hange in acco	unting period
	• •	990 BL, 990 PF, 990 T, 4720	, or 6069, enter the te	entative tax, less any			
	efundable credits. See in				3a	S	
		990-PF or 990-T, enter any re		esumateo	2L	œ	
		any prior year overpayment		a or if required	3b	\$	
		b from line 3a. Include your					
		f required, by using EFTPS	Electronic Federal 12	x raymem system).	3c	\$	N/A
	instructions. I you are going to make a	n electronic fund withdrawa	with this Form 8868	see Form 8453-EO and Form			
		work Reduction Act Notice		- COUNTY OF THE PARTY OF THE PA		,,.	8 (Rev. 4-2009)
		LIEDOCHON WET IADRE	-, m ucuvii5.				



Date Produced: 05/18/2009

BOURGEOIS BENNETT LLC

The following is the delivery information for Certified Mail™ item number 7108 2133 3934 9294 3614. Our records indicate that this item was delivered on 05/15/2009 at 06:58 a.m. in OGDEN, UT, 84201. The scanned image of the recipient information is provided below.

Signature of Recipient:

thee.

Delivery Section

Address of Recipient:

1973 N. Rulon White 84201

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local post office or Postal Service representitive.

Sincerely,

United States Postal Service

The customer reference number shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

Customer Reference Number: 4225146 1547209557327 8868

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box	▶ X
If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed Form 8868.
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
А сото	pration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete
Part I o		▶ □
		autonoion of time
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ncome tax returns.	extension of time
noted to (not aut you mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consist submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files.	cally if (1) you want the additional nsolidated Form 990-T. Instead,
Туре о	r Name of Exempt Organization	Employer identification number
print		
-	OFFSHORE MARINE SERVICE ASSOCIATION, INC	23-7378249
File by the due date t	e Number start and a start of DO by	
filing your	990 N. CORPORATE DRIVE NO. 210	
return. Se instruction		
	HARAHAN, LA 70123-3324	·
Check	type of return to be filed (file a separate application for each return):	
X F	form 990 Form 990-T (corporation) Form 47	20
	form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	227
□ l.F	form 990-EZ Form 990-T (trust other than above) Form 60	069
=	form 990-PF	
		to decrease to establish 2.5 - 1 - 1
	OFFSHORE MARINE SERVICE ASSOCIATION	
• The	books are in the care of ▶ 990 N CORPORATE DRIVE SUITE 210 - HARAH	AN, LA 70123-3324
	phone No. ► 504-734-7622 FAX No. ►	
2000	e organization does not have an office or place of business in the United States, check this box	▶ □
	is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi	
box 🕨		
	and attach a list with the group, check this box	members the extension will cover.
1 1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a	
is	s for the organization's return for:	
>	► X calendar year 2009 or	
	tax year beginning , and ending	_
2 If	this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
_	onrefundable credits. See instructions.	3a \$
b If	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
	ax payments made. Include any prior year overpayment allowed as a credit.	3b \$
с В	Salance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
d	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	
S	See instructions.	3c \$ N/A
		•

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

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

<u> </u>	ror the	e 2009 calendar year, or tax year beginning and ending		
В	Check if applicabl	e: Please use IRS C Name of organization	D Employer identifi	cation number
Г	Addre	ss label or OFFCHODE WARTNE CERTIFOR ACCOUNTANTON IN	rc	
┢	Name chang	type		378249
┌	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s		
F	Termin			734-7622
F	—lated □!Amen —lreturn	ded tions	G Gross receipts \$	1,334,295.
F	Applic		H(a) Is this a group re	
_	pendi	F Name and address of principal officer:KEN WELLS	for affiliates?	Yes X No
		SAME AS C ABOVE	_	luded? Yes No
i	Tax-ex	empt status: X 501(c) (6		list. (see instructions)
		te: NTTP://WWW.OFFSHOREMARINE.ORG	H(c) Group exemptio	•
			fear of formation: 1973	
	art I	Summary	da di lorinadon. 23 / 4/1	Toute of togal dollinois, 2222
L	4	Briefly describe the organization's mission or most significant activities: OMSA IS	A LEADING NAT	IONAL
Governance		ASSOCIATION OF, AND SPOKESMAN FOR, THE OFFSH		the body of the second
Па	2	Check this box if the organization discontinued its operations or disposed of r		sets.
Š	3	·	3	12
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		12
တ္		Total number of employees (Part V, line 2a)	·····	6
įţį	6	Total number of volunteers (estimate if necessary)		0
Activities &	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 34		0.
	 		Prior Year	Current Year
an an	8	Contributions and grants (Part VIII, line 1h)	886,444.	903,409.
Revenue	9	Program service revenue (Part VIII, line 2g)	207,019.	211,697.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73,709.	57,902.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	88,336.	94,976.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,255,508.	1,267,984.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2/200/0001	
		Benefits paid to or for members (Part IX, column (A), line 4)		
6	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	519,715.	628,915.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	
ē	b	Total fundraising expenses (Part IX, column (D), line 25)		2 3 1 4 2 m×
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	853,525.	1,024,572.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,373,240.	1,653,487.
	10	Revenue less expenses. Subtract line 18 from line 12	<117,732.	**************************************
Net Assets or			Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	2,683,735.	2,445,404.
ASS.	21	Total liabilities (Part X, line 26)	960,100.	1,107,272.
Set	22	Net assets or fund balances. Subtract line 21 from line 20	1,723,635.	1,338,132.
P	art II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the best of my knowled	ge and belief, it is true, correct,
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	eage.	
Sig	ın			
He	re	Signature of officer	Date	
		KEN WELLS, PRESIDENT		
		Type or print name and title		
Da:	4	Preparer's Date		er's identifying number structions)
Pai		signature	self- employed	,
	parer's	Firm's name (or yours if BOURGEOIS BENNETT, L.L.C.	EIN ▶	
USE	Only	self-employed), 111 VETERANS BLVD. 17TH FLOOR		
		address, and ZIP + 4 METAIRIE, LOUISIANA 70005	Phone no. ► 5	04.831.4949
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

				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	上	1		X				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	2		X				
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	3		X				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	. 4	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		X				
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	1 6	5		X				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		Ì						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II								
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete								
	Schedule D, Part III	8	3		X				
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	9		X				
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	. 1	0		X				
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	. 1	1	X	mage a sur see				
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	***					
	Part VI.		1	* ***	2000				
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total				8				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		1						
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		2		, ## 4# 				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		Ž	ъ.	44644				
•									
	Part X, line 16? If "Yes," complete Schedule D, Part IX.				9. 9. 5.5				
•	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.		4.5	* 7.					
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١.		v	× 538				
	Schedule D, Parts XI, XII, and XIII.	187	2	<u> </u>					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes N			1 1 1 1 1					
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	17700	22	*	v				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		3		X				
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 14	la		<u> </u>				
D	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	ر م			Х				
45		· 1	lb		Λ				
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	١.	ا ے		Х				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	·	5						
16	located outside the United States? If "Yes," complete Schedule F, Part III	4			Х				
17		·· !	6		22				
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		,		X				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	· -	7						
Ю		4	8	х					
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	· - -	-	-22					
	complete Schedule G, Part III	4	9		X				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<u>- ا</u>	0		X				
			است						

Га	Checklist of Required Schedules (continued)			,
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		Х
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	<u>X</u> _	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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		X
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		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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		X
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	

Form 990 (2009) OFFSHORE MARINE SERVICE ASSOCIATION, INC

Part 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				* °{ #€6⊾21		
	U.S. Information Returns. Enter -0- if not applicable	1a		1	388	31 5	1.9
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0	sisis + ;	8 11	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming		SEL A	đ.	- %
	(gambling) winnings to prize winners?	······			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				Spr _{age le} dir 3	1	e Sins.
	filed for the calendar year ending with or within the year covered by this return	2a		_6		15,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	***************************************		2b	X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)				(%) (%)	Æ.	1988
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?				3a_		X
b	f "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O						
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		X
b	If "Yes," enter the name of the foreign country:				is a second		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			ilia Cire Tara	, ts ¹
	Financial Accounts.				8 å	./\$	į.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action ^e	?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	arding	Prohibited				
	Tax Shelter Transaction?				5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit				l
	any contributions that were not tax deductible?				6a	ļ	X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions o	or gifts				
	were not tax deductible?		***************************************		6b		
7	Organizations that may receive deductible contributions under section 170(c).				1875 (1876) 1840) 1	, 45.1	ż*
а					_		
_	provided to the payor?			•••	7a	ļ	
	· · · · · · · · · · · · · · · · · · ·				7b		├──
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as rec	quirea				
	15 m / 11 m / 12 m / 15	7d	T	•••	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a				5855. 8155.		
е		persor	iai		7е		8
f	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		•••	7f		
q					7g		
~	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or			•••	7h		
_	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings						i d ⁱ i
	at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.			•••			- 11
а					9a	I _	
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter:				٠.		* * *
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			3 T		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	1	1			, - ^{- 8}	
а	Gross income from members or shareholders	11a				Ų.	
b	Gross income from other sources (Do not net amounts due or paid to other sources against					3 Nais	
	amounts due or received from them.)	11b	<u> </u>			l'	*******
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	?		12a	38,438	
b	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12b					,

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

Sec	tion A. Governing Body and Management						
		ı	t	4.0	£ .	Yes	No
_	Enter the number of voting members of the governing body	<u>1a</u>		T 2		,	
b	Enter the number of voting members that are independent	1b	<u> </u>	12	*	anditi.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		- 4	2.393999 2.393999	5555 AL		
_	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				_		37
	of officers, directors or trustees, or key employees to a management company or other person?				<u>3</u>		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						X
5	Did the organization become aware during the year of a material diversion of the organization's assets?						X
6	Does the organization have members or stockholders?						
7a	, , , , , , , , , , , , , , , , , , , ,	mber	s of the	-	_	7.7	
	governing body?				7a	X	
_	ve any decisions of the governing body subject to approval by members, stockholders, or other persons?				7b	X	720066
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year				
	by the following:			is is	344	77	**
a	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea-	ched	at the				
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>			9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>evenu</u>	ie Code.)				
				Г		Yes	No
	Does the organization have local chapters, branches, or affiliates?			·····	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	ters, affiliates,	- 1			
				Г	10b		77
11	Has the organization provided a copy of this Form 990 to all members of its governing body before file	ling th	ne form?		11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•		Const.	-	77	
	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 cout to conflicts?	ıld giv	e rise		12b		Х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If '	'Yes.'	describe				
Ť	in Schedule O how this is done				12c		Х
13	Describe approximation become with a solid bit.				13	Х	
14	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?				14	X	
15	-	d the process for determining compensation of the following persons include a review and approval by independent				-4	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,		2		. 13	
а	The organization's CEO, Executive Director, or top management official			ľ	15a	Х	: 5896E9?"
	Other officers or key employees of the organization			·····	15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				1	10.5	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent '	with a		. 184	Pa i	, ,
_	taxable entity during the year?			ľ	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval			n [10.	19	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic		•				
	exempt status with respect to such arrangements?				16b	Haddingscon.	ente.
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►LA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501	(c)(3)s onlv) av	ailable f	or		
-	public inspection. Indicate how you make these available. Check all that apply.		. , . , , ,	.= •			
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflic	t of interest no	licv. and	d fina	ncial	
	statements available to the public.	J		,			
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd red	cords of the or	ganizati	on: 🕨	•	
	OFFSHORE MARINE SERVICE ASSOCIATION - 504-734-7622			J	,,		
	990 N CORPORATE DRIVE SUITE 210. HARAHAN. LA 7012		3324	······································			

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

_ Check this box if the organization did not compensate any current officer, director, or trustee.

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.

(A) Name and Title	(B) Average	(C) Position R		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
OTTO CANDIES, III CHAIRMAN	0.30	х						0.	0.	0.
TODD M. HORNBECK VICE-CHAIRMAN	0.30	x						0.	0.	0.
STEPHEN W. DICK DIRECTOR	0.30	x						0.	0.	0.
ROBERT CLEMONS SECRETART/TREASURER	0.30	x						0.	0.	0.
TONY CHERAMIE, III DIRECTOR	0.30	x						0.	0.	0.
DINO CHOUEST DIRECTOR	0.30	x						0.	0.	0.
LEE ORGERON DIRECTOR	0.30	x	_					0.	0.	0.
DAVID ROSENWASSER DIRECTOR	0.30	x					_	0.	0.	0.
BARRY GRAHAM DIRECTOR	0.30	x					ļ	0.	0.	0.
LYNN STRAHAN DIRECTOR	0.30	x						0.	0.	0.
FRANK TERRELL DIRECTOR COURTNEY RAMSEY	0.30	x						0.	0.	0.
DIRECTOR KENNETH WELLS	0.30	х		-				0.	0.	0.
OMSA PRESIDENT	40.00	_			x		-	217,820.	0.	19,250.
										5 000 (0000)

INC

Pai	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)				C)			(D)	(E)	(F)			
	Name and title	Average			Pos				Reportable	Reportable	, i			
		hours per week	Individual trustee or director		all		app		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC		o comp fro	ther	tion e
			Individual t	institutional trustee	Officer	Key employee	Highest compensated employee	Former				and organ	relate	
											\dashv			
-1														
			!								\dashv			
												····		
												· · · · · · · · · · · · · · · · · · ·		
41.									217 920		0.	1.0	, 2	<u> </u>
1 <u>D</u>	Total Total number of individuals (including but n				d al				217,820.				, 4:	<u> </u>
-	compensation from the organization	or miniou to th	030	iiste	u ai	JO41	<i>5)</i> ₩	10 10	sceived more than \$100	,,000 in reportable				1
												,	Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-		-			nighest compensated er			3	IM IN EN IN IN IN	
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	ompe	ensa	ation	and	oth	ner compensation from	the organization		ă.	x	ľ
5	Did any person listed on line 1a receive or a	accrue comper	nsati	ion f									41	Х
Sec	the organization? If "Yes," complete Sched tion B. Independent Contractors	ule J for such	oers	on .					***************************************			5		
1	Complete this table for your five highest co the organization. NONE	mpensated inc	depe	ende	nt c	onti	racto	rs t	hat received more than	\$100,000 of comp	ensa	tion fro	om	,
	(A) Name and business	address			1				(B) Description of s	ervices	Cc	(C) mpen:	satior	n

				• • • • • • • • • • • • • • • • • • • •										
	The state of the s													
2	Total number of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se lis	sted	above) who received m	nore than	15.	111		2)
	\$100,000 in compensation from the organization	-					0				K	'uns	* 1	

			2009) OFFSH	ORE MARI	NE SERVI	CE ASSOCIA	TION, INC	23-7378	249 Page 9
Pa	ırt '	VIII	Statement of Reven	iue					
		3 8 10 1				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1	b c d	Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant)	1c 1d 1d 1e 1s, and	903,409.				
Contrib			similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f: \$		903,409.			
Program Service Revenue	2	a b c d	a SECURITY PROGRAM b QUARTERLY BUSINESS MEE c SAFETY ORIENTATION PRO d LEGAL SEMINAR PROGRAM e ENVIRONMENTAL PROTECTI f All other program service revenue		Business Code 611600 611600 611600 611600	117,135. 59,312. 17,325.	117,135. 59,312. 17,325. 13,625.		The state of the s
Φ.									
		g	Total. Add lines 2a-2f			211,697.		Lane H	
	4 5	ļ	Investment income (including other similar amounts)	exempt bond p	roceeds	57,902.			57,902.
		a b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal		The state of the s		
	7	a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	8	a b	Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses	g events (not of 1c). See a b	157791.				
)	g	a b	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	tivities. See a		91,480.	91,480.		
	10	ь	Gross sales of inventory, less and allowances	a b s of inventory			poten		
	Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE b c		EVENUE	Business Code 900099	3,496.	3,496.	8 x x x x x x x x x x x x x x x x x x x		
		d	All other revenue				188. 36 pr	\$45.	
	12		Total. Add lines 11a-11d			3,496. 1267984.	306 673		57 902
		-	THE THEORY OF THE PROPERTY OF		_		1 1UD D/1.		, .,

Part IX Statement of Functional Expenses

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

ther organizations must complete column (A) but are not required to complete columns (B) (C), and (D)

	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											
2	Grants and other assistance to individuals in											
	the U.S. See Part IV, line 22											
3	Grants and other assistance to governments,	-			io let							
	organizations, and individuals outside the U.S.											
	See Part IV, lines 15 and 16			And these								
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	237,070.										
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages	305,067.										
8	Pension plan contributions (include section 401(k)											
	and section 403(b) employer contributions)	51,817.										
9	Other employee benefits											
10	Payroll taxes	34,961.										
11	Fees for services (non-employees):											
а	Management											
b	Legal											
С	Accounting	15,834.										
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g	Other	25,513.										
12	Advertising and promotion	4										
13	Office expenses	32,254.	***************************************									
14	Information technology			**************************************								
15	Royalties											
16	Occupancy	54,632.										
17	Travel	36,828.										
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	55,697.										
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	11,034.										
23	Insurance	94,014.			See the second s							
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled											
	miscellaneous may not exceed 5% of total			Trible absorper								
	expenses shown on line 25 below.)			* 3° × 1								
a	JONES ACT EXPENSES	541,381.										
Ь	SECURITY PROGRAM EXPENS	88,450.										
C	ENVIRONMENTAL PROTECTIO	45,342.										
d	LEGAL SEMINAR EXPENSE	12,393.										
e	PUBLICATIONS & PROMOTIO	5,494.										
f	All other expenses	5,706.										
<u>25</u>	Total functional expenses. Add lines 1 through 24f	1,653,487.										
26	Joint costs. Check here											
	SOP 98-2. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation											

Pa	rt X	Balance Sheet								
					(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing			261,243	. 1	299,461.			
	2	Savings and temporary cash investments			16,039	. 2	78,824.			
	3	Pledges and grants receivable, net	edges and grants receivable, net							
	4	Accounts receivable, net			613,239	. 4	625,212.			
	5	Receivables from current and former officers, di								
		employees, and highest compensated employe	es. Complete Part	11		. *				
		of Schedule L				5				
	6	Receivables from other disqualified persons (as	defined under sec	tion	5 × 1					
		4958(f)(1)) and persons described in section 49	58(c)(3)(B). Comple							
		Part II of Schedule L				6				
şţ	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use		•••••		8				
∢	9	Description of the second seco			1,000	. 9	2,235.			
	10a	Land, buildings, and equipment: cost or other				3				
		basis. Complete Part VI of Schedule D		54,292.		a si				
	ь			34,969.	26,606	• 10c	19,323.			
	11	Investments - publicly traded securities				11				
	12	Investments - other securities. See Part IV, line			1,765,608	• 12	1,420,349.			
	13	Investments - program-related. See Part IV, line				13				
	14	Intangible assets				14				
	15	Other assets. See Part IV, line 11				15				
	16	Total assets. Add lines 1 through 15 (must equ			2,683,735		2,445,404.			
	17	Accounts payable and accrued expenses		74,040		239,109.				
	18	Grants payable			205 050	18	050 150			
	19	Deferred revenue			886,060		868,163.			
	20	Tax-exempt bond liabilities				20				
ies	21	Escrow or custodial account liability. Complete				21				
Liabilities	22	Payables to current and former officers, director				i				
Lia		highest compensated employees, and disqualifi	•			-				
	~	of Schedule L.			· · · · · · · · · · · · · · · · · · ·	22				
	23	Secured mortgages and notes payable to unrela				23				
	24 25	Unsecured notes and loans payable to unrelate Other liabilities. Complete Part X of Schedule D				24				
	26	Total liabilities. Add lines 17 through 25			960,100	25	1,107,272.			
	_20	Organizations that follow SFAS 117, check he	y and		300,100	• 26	1,101,212.			
so.		lines 27 through 29, and lines 33 and 34.	ae 🚩 🔼 anu	complete	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1				
)Ce	27	Unrestricted net assets			1,138,656	. 27	1,137,484.			
alaı	28	Temporarily restricted net assets			584,979		200,648.			
Ö	29				3017373	29	200,010.			
Ě		Organizations that do not follow SFAS 117, c								
户		complete lines 30 through 34.	MOOK HOLE P	and		1 3				
ts	30	Capital stock or trust principal, or current funds			37755555cc - 377cc	30	**************************************			
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed				31				
at A	32	Retained earnings, endowment, accumulated in			32					
ž	33	Total net assets or fund balances			1,723,635		1,338,132.			
	34	Total liabilities and net assets/fund balances			2,683,735		2,445,404.			

Form **990** (2009)

orm	990 (2009) OFFSHORE MARINE SERVICE ASSOCIATION, INC 23-7378249) Pa	ige 12
Par	t XI Financial Statements and Reporting		
		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	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?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
С	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?	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	1 4 6	
	consolidated basis, separate basis, or both:	la.	L.
	X Separate hasis Consolidated hasis Both consolidated and separate hasis		I

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

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Act and OMB Circular A-133? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2009)

За

X

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 23-7379240

	OFFSHORE MARINE SERV		
Pai			
	organization answered "Yes" to Form 990, Part IV, line 6.	<u>.</u>	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's exc	•	
6	Did the organization inform all grantees, donors, and donor advi		
	for charitable purposes and not for the benefit of the donor or d		
	impermissible private benefit?		Yes No
Pai	t II 😽 Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or plea	asure) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		possession 100 mm
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired after		
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easer		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it he		
6	Staff and volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and enf	_	
8	Does each conservation easement reported on line 2(d) above s	•	
0	and section 170(h)(4)(B)(ii)?	accompate in its revenue and evapone	atatament and halance sheet and
9	include, if applicable, the text of the footnote to the organization	-	
	conservation easements.	is illiancial statements that describes	the organization's accounting to
Par	t III Organizations Maintaining Collections of A	Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116, not to	report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ		
	the footnote to its financial statements that describes these iter		
b	If the organization elected, as permitted under SFAS 116, to rep	oort in its revenue statement and balan	ce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or re-	esearch in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasu		
	the following amounts required to be reported under SFAS 116	relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

	dule D (Form 990) 2009 OFFSHOR	E MARINE S	ERVIC:	E ASS	SOCIATI	ON,	INC 2	<u> 23-73</u>			
Pa	rt III Organizations Maintaining C	Collections of A	rt, Histo	rical Tı	reasures, o	or Oth	<u>er Simila</u>	r Asse	ts (co	ntinue	∍d)
3	Using the organization's acquisition, access	ion, and other record	ds, check a	ny of the	following that	at are a s	significant u	se of its	collect	ion ite	∍ms
	(check all that apply):										
а	Public exhibition	c	ı ∐Lo	an or exc	change progra	ams					
ь	Scholarly research	e	e 🗀 Ot	her							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how they	further t	the organizati	on's exe	mpt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, histo	orical trea	asures, or oth	er simila	r assets				
	to be sold to raise funds rather than to be m							<u> </u>	Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if orgar	nization a	inswered "Ye	s" to For	m 990, Par	t IV, line	9, or		
***************************************	reported an amount on Form 990, Pa		Ū								
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for co	ntributio	ns or other as	sets no	t included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV										
		•	ŭ						Amou	unt	
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F	orm 990. Part X. line	217				•••		Yes		No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete i	if the organization ar	swered "Y	es" to Fo	orm 990, Part	IV, line	10.				
a construction		(a) Current year	(b) Prio		(c) Two yea		(d) Three ye	ars back	(e) Fo	ur vea	rs back
1a	Beginning of year balance	(4)	12,111	. ,			1,5000000			il i	, ¹ , 1
b	Contributions					4				*	030003000000000
c	Net investment earnings, gains, and losses								- 0 · 1/2 ·	100 - 100 - 1	2000000000000000000000000000000000000
ď	Grants or scholarships						**************************************	\$2000000000000000000000000000000000000	-	e d	7020000000000 5-3886 ~ ~
e	Other expenditures for facilities				ti.		L.	***************************************	1 1	- pleased	
•	and programs							4 3 .a			
f	Administrative expenses					000000000000000000000000000000000000000		diprimentament	************	990 PERIODO	**************************************
	End of year balance						:-		350	-	T. S.
2	Provide the estimated percentage of the year		JG.		<u> </u>	<u> </u>		NIC STRIR	L. 200	<u> خوالانت</u>	
_ 	Board designated or quasi-endowment		a3. %								
b	Permanent endowment	%									
c		/0 %									
39	Are there endowment funds not in the posse	. •	ation that s	re held s	and administs	arad for t	he organiza	ation			
O.	.	ssion of the organiz	auonthata	are riela a	and administr	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ine organiza	LIOIT		Va	e No
	(i) unrelated organizations								3a(i	Yes	s No
	(ii) related organizations								_		-
h	If "Yes" to 3a(ii), are the related organizations	e lietad ae raquirad c	n Schadul	 a D2			• • • • • • • • • • • • • • • • • • • •		3b		1
4	Describe in Part XIV the intended uses of the					•••••			. <u>UU</u>		
Pai	t VI® Investments - Land, Building) Part X line	10					
8.305	Description of investment	(a) Cost or o			t or other		ccumulated	- T	(d) Bo	nk va	
	Description of investment	basis (investr			(other)		preciation	1	(u) DC	OK Va	Jue
10	Land		,		(2010)	78	production	,**			
	Buildings					^	ref Selter	20200000			
	Leasehold improvements							$\overline{}$			
	Equipment				4,292.		34,96	9		1 9	323.
	Other				, , 434 •		J=, J0			1	<u> </u>
	. Add lines 1a through 1e. (Column (d) must e		Y column	(R) line						1 9	323.
. 7.0		quai i oiiii 330, i ail	n, willin	. ۱۱۱۳ , رب	10[0].]					<u> 1 </u>	

Schedule D (Form 990) 2009 OFFSHORE 1	MARINE SERVICE	ASSOCIATI	ON, INC 23	-7378249 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12	2.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mar	
Financial derivatives				
Closely-held equity interests				
Other	••			
CERTIFICATES OF DEPOSIT	1,420,349.	END-OF-	YEAR MARKET	VALUE
			4	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	1,420,349.			
Part VIII Investments - Program Related.	See Form 990, Part X, line 1	3. I	(-) Mathed of volve	4
(a) Description of investment type	(b) Book value		(c) Method of valua Cost or end-of-year mar	

				,
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				en e
Part IX Other Assets. See Form 990, Part X, I	ine 15. (a) Description			(b) Book value
	(a) Description			(b) Book Valdo
	tion of the state			
			<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B)	lino 15)			
Part X Other Liabilities. See Form 990, Part	X, line 25.	<u></u>		
(a) Description of liability		(b) Amount		
Federal income taxes				
White the state of				
		8	- The state of the state of	
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25.)			

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

	dule D (Form 990) 2009 OFFSHORE MARINE SERVICE ASS						378249	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited	d Finan	cial S	tateme	ents		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			1,267	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			1,653	487.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			<385	,503.
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net). Add lines 4 through 8			9				0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10			<385	,503.
Pa	t XII Reconciliation of Revenue per Audited Financial Statemer	nts Witl	h Rever	nue po	er Retu	ım		
1	Total revenue, gains, and other support per audited financial statements				1		1,334	<u>,295.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					*		
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b				,		
С	Recoveries of prior year grants				N 100	4×		
d	Other (Describe in Part XIV.)	2d	6	6,31	<u>11.</u>			
е	Add lines 2a through 2d				20	е	66,	<u>,311.</u>
3	Subtract line 2e from line 1				з	3	1,267	984.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			446			
b	Other (Describe in Part XIV.)	4b			98			
С	Add lines 4a and 4b				4	С		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	*****			5		1,267	984.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expe	nses	per Re	tur	n	
1	Total expenses and losses per audited financial statements			_	1		1,719	798.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a			3			
b	Prior year adjustments							
С	Other losses					h Far		
d	Other (Describe in Part XIV.)		6	6,31	L1.			
е	Add lines 2a through 2d				20	e	66,	311.
3	Subtract line 2e from line 1				3	3	1,653	487.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					ex i	•	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			8 8			
b	Other (Describe in Part XIV.)	1 1						
c	Add lines 4a and 4b				4	C		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)						1,653	
	t XIV Supplemental Information		* 41			·		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a	and 4: Pa	rt IV lin	nes 1h ar	nd 21	h· Part V line	4· Part
								4, ran
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	ete this p	art to pro	vide an	y additio	nal i	nformation.	
וגרו	TITLE OF CHIME AN THOMAS							
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:	,,						
T3 321	DENGES DEDODMED AS DEDUCATION IN DESCRIPTION CO	211						
<u>LA.</u>	PENSES REPORTED AS REDUCTION IN REVENUE: 66	311.						
וגרו	WITT I THE OR OWNER AR THOMSON							
ra.	RT XIII, LINE 2D - OTHER ADJUSTMENTS:							
יעק	DENCER DEDODMED AR DEDUCMENT THE DOLLARS CO	211						
ĽX.	PENSES REPORTED AS REDUCTION IN REVENUE: 66	311.						
								

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2009

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

OFFSHOR	E MARINE SERVICE A	SSO	CIA	TION, INC	23-7378	249			
	Complete if the organization answe				ine 17. Form 990-EZ	filers are not			
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
					-				
					W. W. W. W. W.				
	1								
Total 3 List all states in which the organization	n is registered or licensed to solicit t	unds	or has	been notified it is ex	empt from registrati	on or licensing.			
				,,,,					
						- Amelian Company			

Schedule G (Form 990 or 990-EZ) 2009 OFFSHORE MARINE SERVICE ASSOCIATION, IN23-7378249 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events GOLF NONE FISHING (add col. (a) through TOURNAMENTS RODEO col. (c)) (event type) (event type) (total number) 126,791. 31,000. 157,791. Gross receipts 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) 126,791. 31,000. 157,791. Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 7 Entertainment 54,473. 11,838. 66,311. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 66,311, 11 Net income summary. Combine line 3, column (d), and line 10. 91,480. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

<u>Sch</u>	<u> nedule G (Form 990 or 990-EZ) 2009 OFFSHORE MARINE SERVICE ASSOCIATIO</u>	N,	IN23-7	737	824	9 Pa	age 3
						Yes	
13	Indicate the percentage of gaming activity operated in:				uliilii.	a Marks	~
	a The organization's facility			%	2000001797		*:]
	o An outside facility			%	a, 3	e voje	280
14	Enter the name and address of the person who prepares the organization's gaming/special events books	and re	ecords:		, x , z 5a.		
					1111		is.
	Name						#. <u>,</u>
	Address ▶					.,.#	"
	Address				anari da		
15:	a Does the organization have a contract with a third party from whom the organization receives gaming reve	nua?			15a	43333194	. ,, % '
	2 2 3 3 3 3 3 4 3 4 3 4 3 4 3 4 3 4 4 4 4	nuc:			104		
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and	d the a	amount		*	L» Es.	× 3000 ×
	of gaming revenue retained by the third party >\$, (
c	of "Yes," enter name and address of the third party:						
						, back	e Labatas este
	Name					* * *	
					e . ji	tar ii	
	Address -				3.0		1
40	Oracle and Art II						. ·
16	Gaming manager information:						asialt.as
	Name >				2		
	Name			-			a distribution of the second o
	Gaming manager compensation ▶ \$						
	Description of services provided					- 9955	*
					1000 2000 21	1 11 3	** *
					ì		
					* 1	11.0	
	Director/officer Employee Independent contractor					100	120
						344	
	Mandatory distributions:						100
а	s Is the organization required under state law to make charitable distributions from the gaming proceeds to					35.00	Fg.
h	retain the state gaming license?				17a	10	78,288
	Enter the amount of distributions required under state law to be distributed to other exempt organizations organization's own exempt activities during the tax year.	or sp	ent in the			× e™. edis	X × 3

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

Employer identification number OFFSHORE MARINE SERVICE ASSOCIATION, 23-7378249

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
		15,000.	10,320.	19,250.		237,070.	
KENNETH WELLS			44.				
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public " Inspection

Name of the organization

Employer identification number

OFFSHORE MARINE SERVICE ASSOCIATION, INC 23-7378249
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRANSPORTATION SERVICE INDUSTRY. THE MISSION IS TO VIGOROUSLY DEFEND
THE CABOTAGE LAWS OF THE UNITED STATES, TO PROACTIVELY FOSTER, DEVELOP,
AND PROMOTE POSITIONS WHICH ARE FAVORABLE TO THE COMMON GOOD OF ITS
MEMBERS WITH GOVERNMENTAL AND REGULATORY BODIES, WORLDWIDE. WE
ENCOURAGE AND PROMOTE THE HIGHEST STANDARDS OF SAFETY TRAINING AND
ENVIRONMENTAL PROTECTION OF ITS MEMBER COMPANIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OFFSHORE VESSELS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE SAFETY ORIENTATION PROGRAM FOCUSES ON REQUIRED SAFETY TRAINING FOR
EMPLOYEES OF MEMBER COMPANIES. INDIVIDUALS REQUIRED BY COAST GUARD
REGULATIONS TO HAVE SAFETY TRAINING ATTEND THE PROGRAM AND ARE ISSUED
CARDS DOCUMENTING THEIR PARTICIPATION AND COMPLETION OF THE PROGRAM.
APPROXIMATELY 875 CARDS WERE ISSUED IN 2009.
THE OMSA LEGAL FORUM IS A COMMONSENSE, PLAIN ENGLISH APPROACH TO THE
LEGAL AND INSURANCE ISSUES THAT AFFECT THE OFFSHORE SUPPORT VESSEL
SECTOR. APPROXIMATELY 89 MEMBERS WERE IN ATTENDANCE IN 2009.
OMSA PROVIDED A SEMINAR TO AID IN NEW ENVIRONMENTAL PROTECTION AGENCY
REGULATIONS.

SCHEDULE O

Supplemental Information to Form 990

Department of the Treasury

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

Attach to Form 990.

OMB No. 1545-0047

2009
Open to Public Inspection

Attach to Form 990. Internal Revenue Service Name of the organization **Employer identification number** OFFSHORE MARINE SERVICE ASSOCIATION, INC 23-7378249 OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: ALL MATTERS DECIDED ON BY THE BOARD AND THE PRESIDENT ARE INSTITUTED. THEN THEY ARE PRESENTED TO THE GENERAL MEMBERSHIP FOR INFORMATIONAL PURPOSES ONLY. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED FIRST BY RAGEN MATTHEWS (FINANCE AND ADMINISTRATIVE MANAGER) FOR ANY INCONSISTENCIES OR ERRORS. THEN KENNETH WELLS (PRESIDENT) REVIEWS IT. THE BOARD IS GIVEN A COPY OF THE RETURN AS WELL, BUT THE APPROVAL COMES FROM THE PRESIDENT. FORM 990, PART VI, SECTION B, LINE 12: OMSA REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES THEIR CONFLICT OF INTEREST POLICY BY ADDRESSING ALL RELEVANT ISSUES THAT ARISE RELATING TO THE POLICY. NO CONFLICTS AROSE DURING 2009. FORM 990, PART VI, SECTION B, LINE 15: KENNETH WELLS (PRESIDENT OF OMSA) MAKES RECOMMENDATIONS BASED UPON THE 990'S OF OTHER SIMILAR NON-PROFITS, AND THE BOARD USES THE INFORMATION PROVIDED IN CONJUNCTION WITH OMSA'S ACCOMPLISHMENTS TO MAKE THE FINAL DETERMINATION.

FORM 990, PART VI, SECTION C, LINE 19: OMSA MAKES THEIR GOVERNING

SCHEDULE O

Department of the Treasury

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Internal Revenue Service Name of the organization **Employer identification number** 23-7378249 OFFSHORE MARINE SERVICE ASSOCIATION, INC TO THE PUBLIC UPON REQUEST OF THESE DOCUMENTS. FORM 990, PART XI, LINE 2C: THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Bourgeois Bennett, L.L.C. 111 Veterans Blvd., 17th Floor Metairie, Louisiana 70005 504.831.4949

November 10, 2011

Offshore Marine Service Association, Inc 990 N. Corporate Drive No. 210 Harahan, LA 70123-3324

Enclosed is the organization's 2010 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2011.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Bourgeois Bennett, L.L.C. Certified Public Accountants.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

See instructions.

OMB No. 15	545-1878
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For calendar year 2010, or fiscal year beginning , 2010, and ending

▶ Do not send to the IRS. Keep for your records.

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

23-7378249 OFFSHORE MARINE SERVICE ASSOCIATION, Name and title of officer RICHARD WELLS

VICE PRESIDENT Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	1712052
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b _	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b _	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _	
5a Form 8868 check here ▶	5b _	
	_	· · · · · · · · · · · · · · · · · · ·

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize BOURGEOIS BENNETT, L.L.C.	to enter my PIN	70123
ERO firm name		inter five numbers, do not enter all zero
as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	_	
Officer's signature ▶ Date ▶		
Part III Certification and Authentication		

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

72020070160 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date >

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

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.

2010
Open to Public Inspection

ΑF	or the	2010 calendar year, or tax year beginning	and ending				
Bc	Check if pplicable:	C Name of organization		D Employer identifi	cation number		
	Address change	OFFSHORE MARINE SERVICE ASSOCIATION	, INC	_			
L	Name _change	Doing Business As			378249		
<u></u>	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit				
	Termin- ated	990 N. CORPORATE DRIVE	210	504-	<u>734-7622</u>		
	Amende	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,774,404.		
	Applica tion	MAKAMAN, MA /VI23-3324		H(a) Is this a group re	eturn		
	pending	F Name and address of principal officer: JAMES ADAMS		for affiliates?	Yes X No		
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No		
1.7	ax-exe	mpt status: 501(c)(3) 501(c)(6) ◀ (insert no.) 4947(a)	(1) or 52	7 If "No," attach a	list. (see instructions)		
JV	Vebsite	HTTP://WWW.OFFSHOREMARINE.ORG		H(c) Group exemption	n number		
KF	orm of c	organization: Corporation Trust X Association Other	L Yea	r of formation: 1973	M State of legal domicile: LA		
		Summary	•				
	1 E	riefly describe the organization's mission or most significant activities: OMS	SA IS A	LEADING NAT	IONAL		
Activities & Governance	ľ	ASSOCIATION OF, AND SPOKESMAN FOR, THE					
na L	_	Check this box if the organization discontinued its operations or dis		·	ssets.		
Š			•	з	14		
Ğ	1	lumber of independent voting members of the governing body (Part VI, line 1			14		
م ق	•	otal number of individuals employed in calendar year 2010 (Part V, line 2a)			6		
ij		otal number of volunteers (estimate if necessary)			ō		
媡		otal unrelated business revenue from Part VIII, column (C), line 12			0.		
ĕ	1	let unrelated business taxable income from Form 990-T, line 34			0.		
		let difference business taxable income from 1 on 1 550 1, iii to 54		Prior Year	Current Year		
	8 0	Contributions and grants (Part VIII, line 1h)	-	903,409.			
Ę	l			211,697.			
Revenue	l	rogram service revenue (Part VIII, line 2g)		57,902.			
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		94,976.	82,506.		
		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,267,984.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12					
	l	Arants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	l	lenefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Ses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		628,915.	744,988.		
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	_	<u> </u>	0.		
X		otal fundraising expenses (Part IX, column (D), line 25)		4 004 550	== 0 = 0.4		
_		other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,024,572.	758,784.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,653,487.	1,503,772.		
	19 F	evenue less expenses. Subtract line 18 from line 12		-385,503.	208,280.		
Soci			В	eginning of Current Year	End of Year		
let Assets or und Balances	20 T	otal assets (Part X, line 16)		2,445,404.	2,457,780.		
랋	21 T	otal liabilities (Part X, line 26)		1,107,272.	911,368.		
즐프,	22 \	let assets or fund balances. Subtract line 21 from line 20		1,338,132.	1,546,412.		
_		Signature Block					
		ies of perjury, I declare that I have examined this return, including accompanying sche			y knowledge and belief, it is		
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of	f which prepare	er has any knowledge.			
	İ						
Sigr	۱ [Signature of officer		Date			
Her	e	RICHARD WELLS, VICE PRESIDENT					
		Type or print name and title					
	[1	Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid	L	RALPH LITOLFF		self-employ	ed		
Prep	arer 📙	Firm's name BOURGEOIS BENNETT, L.L.C.		Firm's EIN			
Use	Only	Firm's address 111 VETERANS BLVD. 17TH FLOOP	₹				
		METAIRIE, LA 70005		Phone no. 5	04.831.4949		
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

Form 990 (2010) OFFSHORE MAR
Part 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_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			ļ
	Schedule D, Part III	8		X
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		4	
	as applicable.	1 500		486.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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	11b	X	
С	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	11c		Х
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
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, Parts II and IV	15		_X
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, Parts III and IV	16		_X_
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		X
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	X	
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		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		l	
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules (continued)

				T
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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		x
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			ŀ
	Schedule J	23	X	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	İ		
	Schedule K. If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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		X
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	ļ		
	Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	i		
	Schedule N, Part II	32		X
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		Х
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	X	

Form 990 (2010) OFFSHORE MARINE SERVICE ASSOCIATION, INC 23-7378249 Page 5

[Part V] Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V											
					Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_{1a}	5		1.77							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0	- 11	1.5							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			() ()								
	(gambling) winnings to prize winners?	-		1c		İ						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				1.							
	filed for the calendar year ending with or within the year covered by this return	2a	6	1 225-1								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)											
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O											
4a	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)?											
b	If "Yes," enter the name of the foreign country: ▶		2 <u>11</u> 70.20	1 () () () () () () () () () ((1 t/441)						
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.		166								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		L	5a_		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		X						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		L	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization so	olicit									
	any contributions that were not tax deductible?			6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution											
	were not tax deductible?		L	<u>6b</u> _								
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to t	ne payor? _	7a_								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		L	<u>7b</u>								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required										
	to file Form 8282?			7c_								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				,						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			<u>7e</u>								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			<u>7f</u> _								
g	If the organization received a contribution of qualified intellectual property, did the organization file F			<u>7g</u>								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		098-C?	7h_	Silings	CYB.CAP						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D											
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the	year?	8								
9	Sponsoring organizations maintaining donor advised funds.		16		2.00							
a	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	egigle(2)							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	25			7.9						
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
ь 11	Section 501(c)(12) organizations. Enter:	[100										
'' a	Gross income from members or shareholders	11a	ŀ	.								
h	Gross income from other sources (Do not net amounts due or paid to other sources against	113										
•	amounts due or received from them.)	11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			: - :								
	Is the organization licensed to issue qualified health plans in more than one state?			13a								
-	Note, See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the		į.			485 min						
	organization is licensed to issue qualified health plans	13b										
С	Enter the amount of reserves on hand	13c			, j4.	102						
	Did the service discount of the desired services and the best of the desired services and the best of the desired services and the desired services and the desired services are desired services and the desired services are desired services and the desired services are desired services and the desired services are desired services and the desired services are desired services and the desired services are desired services and the desired services are desired services and the desired services are desired services and the desired services are desired services and the desired services are desired services and the desired services are desired services and the desired services are desired services and the desired services are desired services and the desired services are desired services and the desired services are desired services are desired services and the desired services are desired services are desired services and the desired services are desired services are desired services and the desired services are desired services			14a		Х						
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b								
				_	000	0040						

Page 6

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

	Check if Schedule O contains a response to any question in this Part VI			X									
Sec	tion A. Governing Body and Management												
			Yes	No									
1a	Enter the number of voting members of the governing body at the end of the tax year												
	Enter the number of voting members included in line 1a, above, who 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		X									
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?												
4													
5													
6													
7a	a Does the organization have members, stockholders, or other persons who may elect one or more members of the												
	governing body?	7a	X	<u> </u>									
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X										
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year												
	by the following:	37.	7.										
	The governing body?	8a	<u>X</u>	 									
	Each committee with authority to act on behalf of the governing body?	8b	X										
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the												
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>									
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
40-	Does the organization have local chapters, branches, or affiliates?	400	Yes	No X									
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a											
D	and branches to any up their apportions are appointed with these of the appointing	106											
110	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	X										
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	118	_^_	振出									
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	38 38 JF									
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12.0											
-	to conflicts?	12b		х									
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		х									
13	Does the organization have a written whistleblower policy?	13	X										
14	Does the organization have a written document retention and destruction policy?	14	X										
15	Did the process for determining compensation of the following persons include a review and approval by independent	366	ike Ka										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official	15a	X										
	Other officers or key employees of the organization	15b	X										
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		1.7										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		33										
	taxable entity during the year?	16a		X									
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		1.00	30.5v									
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			(0.31 ps. m 1 m = 1									
	exempt status with respect to such arrangements?	16b	L	L									
<u>Sec</u>	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)(3)s only) available	for											
	public inspection. Indicate how you make these available. Check all that apply.												
	Own website Another's website X Upon request												
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial										
	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 organiza	tion:											
	JAMES ADAMS - 504-734-7622		·										
	990 N CORPORATE DRIVE SUITE 210, HARAHAN, LA 70123-3324												

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 neither the organiz (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	l		Pos)		Reportable	Reportable	Estimated
	hours per	(c	heck	allt	that	арр	ly)	compensation	compensation	amount of
	week	喜	ļ					from	from related	other
	(describe hours for	age 1			ŀ	25		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	trustee or director	nstee.			ensat		(W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations		onalt		loye	E 8				and related
	in Schedule	ndlvidual	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	O)	트	트	10	ķ	Ξ 5	-E			
OTTO CANDIES, III		}				l				
CHAIRMAN	0.30	X	<u> </u>				<u> </u>	0.	0.	0.
TODD M. HORNBECK										
VICE-CHAIRMAN	0.30	X						0.	0.	0.
STEPHEN W. DICK		•								
DIRECTOR	0.30	X					<u> </u>	0.	0.	0.
ROBERT CLEMONS					Ì					
SECRETARY/TREASURER	0.30	Х		ļ.,,				0.	0.	0.
TONY CHERAMIE, III										
DIRECTOR	0.30	X	<u> </u>				L.	0.	0.	0.
DINO CHOUEST									_	_
DIRECTOR	0.30	X	ļ				<u> </u>	0.	0.	0.
LEE ORGERON									_	_
DIRECTOR	0.30	X	<u> </u>				ļ	0.	0.	0.
DAVID ROSENWASSER									_	_
DIRECTOR	0.30	X	_			ļ	<u> </u>	0.	0.	0.
BARRY GRAHAM		i							_ :	_
DIRECTOR	0.30	X					┕	0.	0.	0.
LYNN STRAHAN							l			_
DIRECTOR	0.30	X				<u> </u>	ļ	0.	0.	0.
COURTNEY RAMSEY										
DIRECTOR	0.30	X						0.	0.	0.
SHANE GUIDRY										
DIRECTOR	0.30	X	<u> </u>					0.	0.	0.
BEN BORDELON	0.20								•	•
DIRECTOR	0.30	X	-				<u> </u>	0.	0.	0.
KENNY NELKIN	0.20		ĺ							•
DIRECTOR	0.30	X		_		-	<u> </u>	0.	0.	0.
KENNETH WELLS	40.00							251 240		10 601
OMSA PRESIDENT	40.00	-		X	X		\vdash	251,349.	0.	17,691.
RICHARD WELLS	40.00			J.		.		104 400	_	^
OMSA VICE PRESIDENT	40.00			X		X	\vdash	104,420.	0.	0.
JAMES ADAMS	40.00			ا پ				70 275	0.	
OMSA INTERIM PRESIDENT/CEO	40.00		Ь	X			Щ.	78,275.		0. Form 990 (2010)

Pa	rt VII	Section A. O	fficers, I	Directors, Tr	ustees, Key E	mpl	oyee	es, a	nd	High	est	Compensated Employ	ees (continued)				
(A)					(B)	(C)						(D)	(E)			(F)	
Name and title			Average hours per	1,	hecl	Pos			4.4	Reportable	Reportable		_	stimate			
					week (describe hours for related organizations in Schedule O)	al trustee or director	7	Officer	Key employee	Highest compensated Employee		compensation from the organization (W-2/1099-MISC)	compensati from relate organizatior (W-2/1099-MI	d ns	con f org ar	mount other npensa from th ganizat ad relat anizati	ation le tion ted
	·																
				·									 				
		· _ · · · · · · · · · · · · · · · · · ·															
										<u> </u>		124 244			-		0.1
		otal										434,044.		0.	1	7,6	91 0
		rom continuat add lines 1b a										434,044.		0.	1	7,6	
2										e) wh	no r	eceived more than \$100	,000 in reportab			.,,,	
		nsation from tl										<u>-</u>	· · · · · · · · · · · · · · · · · · ·			,	
_	5:14													ļ		Yes	No
3		organization i ? If "Yes," com	-									nighest compensated er	-		3		X
4			•									her compensation from					
	and rel	ated organizat	ions grea	ater than \$15	0,000? <i>If</i> "Yes	, " cc	mple	ete S	Sche	edule	e J t	for such individual			4	X	
5									-		elat	ed organization or indivi	dual for services	3			
		ed to the orgar Independent (plete Schedu	le J	for si	ıch j	pers	on .	••••				5	L	X
1	Comple	•			mpensated in	dep	ende	nt c	ontr	acto	rs t	that received more than	\$100,000 of con	npens	ation ·	from	
			Name	(A) and business	address							(B) Description of s	ervices	С	ompe	C) insatio	n
		BOGGS, STREET,	LLP	WASHI	NGTON,	DC	20	003	37			LEGAL			27	6,4	78
	 																
													,				
2		umber of inder			_	not li	mite	d to		se lis	stec	d above) who received m	nore than		il.		

Statement of Revenue Part VIII (D)
Revenue
excluded from
tax under (B) (C) (A) Related or Unrelated Total revenue exempt function business sections 512. revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 867,337. **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 3,177 g Noncash contributions included in lines 1a-1f \$ 870,514. h Total, Add lines 1a-1f **Business Code** 2 a JONES ACT PROGRAM 611600 579,000. 579,000. Program Service Revenue 62,<u>632</u>. ь SECURITY PROGRAM 611600 62,632. 61,900. 611600 61,900. c QUARTERLY BUSINESS MEE 8,250. 8,250. d LEGAL SEMINAR PROGRAM 611600 7,065. 7,065. e SAFETY ORIENTATION PRO 611600 f All other program service revenue 718,847. q Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 40,185 40,185. Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (ii) Personal 6 a Gross Rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ __ contributions reported on line 1c). See 142658 Part IV, line 18 Other 62,352. b Less: direct expenses ______b 80,306. 80,306. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS REVENUE 900099 2,200. 2,200. d All other revenue e Total. Add lines 11a-11d 2,200. 1712052. 721,047. 120,491. Total revenue. See instructions.

Part IX | Statement of Functional Expenses

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

	All other organizations must com	3) and 501(c)(4) organiza plete column (A) but are			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				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
Ū	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	269,040.	*********		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	226 401			
7	Other salaries and wages	336,421.			
8	Pension plan contributions (include section 401(k)	30,603.			
9	and section 403(b) employer contributions) Other employee benefits	72,535.			
10	Payroll taxes	36,389.			
11	Fees for services (non-employees):	30,303.			
	Management				
b	Legal				
С	Accounting	15,525.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	99,229.			
12	Advertising and promotion				
13	Office expenses	29,517.			
14	Information technology		<u></u>		
15	Royalties	53,955.			
16 17	Occupancy	43,427.			
18	Payments of travel or entertainment expenses	45,4270		-	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	69,781.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,443.			
23	Insurance	3,954.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)	-			
9	JONES ACT EXPENSES	360,261.		-	
a b	SECURITY PROGRAM EXPENS	45,540.			
c	DONATIONS	13,558.			
d	LEGAL SEMINAR EXPENSE	9,529.			
e	PUBLICATIONS & PROMOTIO	3,555.			
f	All other expenses	4,510.	·		
25	Total functional expenses. Add lines 1 through 24f	1,503,772.			·
26	Joint costs. Check here ▶ ☐ if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					E 000 (0040)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			299,461.	1	304,099.
	2	Savings and temporary cash investments	78,824.	2			
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			625,212.	4	485,923.
	5	Receivables from current and former officers, di					
	1	employees, and highest compensated employee	es. Complete Par	t II			8
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect		-			
		employees' beneficiary organizations (see instru				6	
Assets	7	Notes and loans receivable, net				7	
\ss	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,235.	9	2,650.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	55,302.			
	ь	Less: accumulated depreciation		41,412.	19,323.	10c	13,890.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			1,420,349.		1,651,218.
	13	Investments - program-related. See Part IV, line		_		13	
	14	Intangible assets	_		14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa			2,445,404.	16	2,457,780.
	17	Accounts payable and accrued expenses		239,109.	17	30,986.	
	18	Grants payable				18	
	19	Deferred revenue			868,163.	19	880,382.
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Payables to current and former officers, director					
abi		highest compensated employees, and disqualifie	ed persons. Com	plete Part II	ж		
I		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third parties			23	
	24	Unsecured notes and loans payable to unrelated	d third parties			24	
	25	Other liabilities. Complete Part X of Schedule D	*****			25	
	_26	Total liabilities. Add lines 17 through 25			1,107,272.	26	911,368.
		Organizations that follow SFAS 117, check he	ere 🕨 🛣 an	d complete	*		
S		lines 27 through 29, and lines 33 and 34.					
SE .	27	Unrestricted net assets		1,137,484.	27	1,245,202.	
3ale	28	Temporarily restricted net assets	200,648.	28	301,210.		
ĕ	29	Permanently restricted net assets	. <u></u>		29		
F		Organizations that do not follow SFAS 117, cl	neck here 🕨	and			
5		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		L		30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipment fund	L		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			1,338,132.	33	1,546,412.
	34	Total liabilities and net assets/fund balances			2,445,404.	34	<u>2,457,780.</u>

Form **990** (2010)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2010)

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public

Name of the organization

OFFSHORE MARINE SERVICE ASSOCIATION, INC

Employer identification number

23-7378249 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register _______ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		<u>E MARINE S</u>					<u>737824</u>				
Pa	rt III Organizations Maintaining C	ollections of A	rt, Historical T	reasures,	or Other	Similar A	ssets (con	tinued)		
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition	(Loan or ex	change progr	ams						
b	Scholarly research	•	Other								
C	Preservation for future generations										
4	Provide a description of the organization's co	ellections and expla	in how they further	the organizat	ion's exem	pt purpose in	Part XIV.				
5	During the year, did the organization solicit or	receive donations	of art, historical tre	asures, or oth	er similar a	ssets					
	to be sold to raise funds rather than to be ma	intained as part of	the organization's	collection?		4 to to to to to to to to to to to to to	Yes		No		
Pai	rt IV Escrow and Custodial Arrang						IV, line 9, o	r			
	reported an amount on Form 990, Part X, line 21.										
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
	on Form 990, Part X?						Yes		No		
b	If "Yes," explain the arrangement in Part XIV										
		•	· ·				Amour	nt			
С	Beginning balance					1c					
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										
2a							Yes		No		
	If "Yes," explain the arrangement in Part XIV.			• • • • • • • • • • • • • • • • • • • •				L			
	rt V Endowment Funds. Complete if	the organization ar	nswered "Yes" to F	orm 990, Part	IV, line 10.						
		(a) Current year	(b) Prior year) Three years b	ack (e) Fou	r vears	back		
1a	Beginning of year balance		, , , , , , , , , , , , , , , , , , , ,				1,92	-4			
b	Contributions			1		(
c	Net investment earnings, gains, and losses								198		
d	Grants or scholarships				9						
e	Other expenditures for facilities						-				
Ŭ	and programs										
f	Administrative expenses							- 1			
g g	End of year balance							- (1)			
2	Provide the estimated percentage of the year		as.				1				
	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
_	Term endowment > 9										
	Are there endowment funds not in the posses	_	ation that are held	and administs	red for the	organization					
oa	by:	bolon of the organiz	ation that are note	ana aanminote		organization		Yes	No		
	(i) unrelated organizations						3a(i)	103	_140_		
	(ii) related organizations							\vdash			
h	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Schedule R2		••••••		3b				
4	Describe in Part XIV the intended uses of the						30	L1			
Par	t VI Land, Buildings, and Equipme										
	Description of investment	(a) Cost or c		t or other	(a) Acc	umulated	(d) Boo	k valu			
	Description of investment	basis (investr	1	(other)		eciation	(u) Doc	n value	5		
1-	Land			. (3)							
	Land				4998848775 No. 3	*					
	Buildings		-								
	Leasehold improvements			55,302.		41,412.	1	3 D	90		
	Equipment					21,414.		3,8	20.		
	Other		Y column (D) !:	10(a))			1	3,8	90		
<u>ı otal</u>	i, Add intes ta trirough te. (Column ja) must ed	juai ruiiii 990, Pan	∧, column (b), line	10(0).)				<u> </u>	<u> </u>		

	edule D (Form 990) 2010 OFFSHORE MARINE SERVICE AS	POCTAI	LION, INC	43-	/3/8/49 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited	l Financial Sta	temen	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,712,052.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,503,772.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				208,280.
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities	•••••	5		
6	Investment expenses		6		
7	Prior period adjustments	*****	7		
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an			D - 1	208,280.
	rt XII Reconciliation of Revenue per Audited Financial Stateme				
1	- · · · · · · · · · · · · · · · · · · ·			. <u>1</u>	1,774,404.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما			
a	Net unrealized gains on investments				
b	Donated services and use of facilities			-	
С.	Recoveries of prior year grants		(2.252		
d	Other (Describe in Part XIV.)		62,352		60 252
е	Add lines 2a through 2d				62,352.
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •		. 3	1,712,052.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		44.5000	
а	Investment expenses not included on Form 990, Part VIII, line 7b			_	
b	Other (Describe in Part XIV.)	4b		_	_
_	Add lines 4a and 4b				0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,712,052.
	rt XIII Reconciliation of Expenses per Audited Financial Statem				
1	Total expenses and losses per audited financial statements			· 1	1,566,124.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities			4 !	
b	Prior year adjustments			-	
С	Other losses			- ,	
d	Other (Describe in Part XIV.)		62,352		60.050
е	Add lines 2a through 2d				62,352.
3	Subtract line 2e from line 1			. 3	1,503,772.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		486	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		118984	_
_	Add lines 4a and 4b				0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	··· <u>··</u> ······		. 5	1,503,772.
Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I, lines 1a a	ınd 4; Part IV, lines	1b and 2	2b; Part V, line 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				
PAI	RT X, LINE 2: ACCOUNTING STANDARDS PROVIDE	_DETAI	LED GUIDA	NCE :	FOR
FII	NANCIAL STATEMENT RECOGNITION, MEASUREMENT	, AND	DISCLOSUR	E OF	UNCERTAIN
TA	K POSITIONS RECOGNIZED IN AN ENTITY'S FINAL	NCIAL	STATEMENT	S.	IT REQUIRES
<u>AN</u>	ENTITY TO RECOGNIZE THE FINANCIAL STATEMEN	NT IMP	ACT OF A	TAX I	POSITION
WHI	EN IT IS MORE LIKELY THAN NOT THAT THE POS	ITION	WILL BE S	USTA:	INED UPON
EXA	AMINATION. TAX YEARS ENDED DECEMBER 31, 2	007 AN	ID LATER R	EMAII	N SUBJECT
			ECEMBER 3		
	09, THE CLUB HAS NO UNCERTAIN TAX POSITION				

Schedule D (Form 990) 2010 OFFSHORE MARINE SERVICE ASSOCIATION, Part XIV Supplemental Information (continued)	INC23-7378249 Page 5
Part AIV Supplemental Information (continued)	
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES REPORTED AS REDUCTION IN REVENUE	62,352.
	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES REPORTED AS REDUCTION IN REVENUE	62,352.
EXPENSES REPORTED AS REDUCTION IN REVENUE	02,332.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public Inspection

Employer identification number

OFFSHOR	RE MARINE SERVICE	ASSO	CIA	TION, INC	23-7378	249	
	Complete if the organization answ						
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicition Solicition Solicition Special S	ation of ation of al fundra al (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees or		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts (v) Amount paid to (or retained by) fundraiser listed in col. (i)					
		Yes	No				
····			_				
			-				
3 List all states in which the organization	on is registered or licensed to solicit			or has been notified	d it is exempt from re	egistration	
or licensing.			·				
				-,			
		• • • •					
						_	

Schedule G (Form 990 or 990-EZ) 2010 OFFSHORE MARINE SERVICE ASSOCIATION, INC3-7378249 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF FISHING NONE (add col. (a) through TOURNAMENTS RODEO col. (c)) (event type) (event type) (total number) Revenue 6,000. 136,658. <u>142,658.</u> 1 Gross receipts 2 Less: Charitable contributions 136,658. 6,000. 142,658. Gross income (line 1 minus line 2) Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 56,733. 5,619. 62,352. 62,352 10 Direct expense summary. Add lines 4 through 9 in column (d) 80,306 Net income summary. Combine line 3, column (d), and line 10. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes % Yes % Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d)

9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain:	Yes	□ No
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:	Yes	No

8 Net gaming income summary. Combine line 1, column d, and line 7

Sch	nedule G (Form 990 or 990-EZ) 2010 OFFSHORE MARINE SERVICE ASSOCIATION, INC3-7	<u> 378</u>	249	Page 3
	Does the organization operate gaming activities with nonmembers?	J	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	132		%
	o An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130		
14	Lines the marile and address of the person who prepares the organization's garming special events books and records.			
	Name			· · ·
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	: If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v), and	Part III.
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	•		
		1000		
				· -

SCHEDULE J (Form 990)

Compensation Information

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

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

Ope

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions

OFFSHORE MARINE SERVICE ASSOCIATION, INC 23-7378249

	art Questions negariting compensation		Vaa	No
4	Check the appropriate boy/se) if the organization provided any of the following to or for a nomen listed in Form 000		Yes	No
Id	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	ŀ		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	Discretionary sperioring account reisonal services (e.g., maid, chaurieur, cher)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	:		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		ĺ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	· ''		
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	tradices, and the OLO/LACCURE Director, regarding the terms checked in line 14:	- -		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tomoso of other organizations			l
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			1
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
	Participate in, or receive payment from, an equity-based compensation arrangement?			Х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	·		
				ĺ
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			}
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		L
	Any related organization?			
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the net earnings of:			ĺ
а	The organization?	6a		
	Any related organization?			
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			ĺ
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	. 9		i

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of \	W-2 and/or 1099-Mis	SC compensation	(C)	(D)	(E)	(F)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ	
	(i)	200,000.	15,000.	36,349.	11,667.	6,024.	269,040.	0.	
1 KENNETH WELLS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
2	(ii)								
	(i)					_			
_3	(ii) (i)								
4	(i) (ii)					_			
	(i)							-	
_5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
0	(i) (ii)			_		-	<u></u>		
8	(i)			_		-			
9	(ii)					-			
	(i)								
10	(ii)								
	(i)			_					
	(ii)			_		_			
	(i)			_					
	(ii) (i)	-							
13	(i) (ii)								
10	(i)								
14	(ii)								
	(i)								
15	(ii)			_					
	(i)								
<u>16</u>	(ii)								

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service

Name of the organization

OFFSHORE MARINE SERVICE ASSOCIATION, INC.

Employer identification number 23-7378249

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRANSPORTATION SERVICE INDUSTRY. THE MISSION IS TO VIGOROUSLY DEFEND
THE CABOTAGE LAWS OF THE UNITED STATES, TO PROACTIVELY FOSTER, DEVELOP,
AND PROMOTE POSITIONS WHICH ARE FAVORABLE TO THE COMMON GOOD OF ITS
MEMBERS WITH GOVERNMENTAL AND REGULATORY BODIES, WORLDWIDE. WE
ENCOURAGE AND PROMOTE THE HIGHEST STANDARDS OF SAFETY TRAINING AND
ENVIRONMENTAL PROTECTION OF ITS MEMBER COMPANIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OFFSHORE VESSELS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE SAFETY ORIENTATION PROGRAM FOCUSES ON REQUIRED SAFETY TRAINING FOR
EMPLOYEES OF MEMBER COMPANIES. INDIVIDUALS REQUIRED BY COAST GUARD
REGULATIONS TO HAVE SAFETY TRAINING ATTEND THE PROGRAM AND ARE ISSUED
CARDS DOCUMENTING THEIR PARTICIPATION AND COMPLETION OF THE PROGRAM.
APPROXIMATELY 480 CARDS WERE ISSUED IN 2010.
THE OMSA LEGAL FORUM IS A COMMONSENSE, PLAIN ENGLISH APPROACH TO THE
LEGAL AND INSURANCE ISSUES THAT AFFECT THE OFFSHORE SUPPORT VESSEL
SECTOR. APPROXIMATELY 60 MEMBERS WERE IN ATTENDANCE IN 2010.
OMSA PROVIDED A SEMINAR TO AID IN NEW ENVIRONMENTAL PROTECTION AGENCY
REGULATIONS.

Name of the organization OFFSHORE MARINE SERVICE ASSOCIATION, INC	Employer identification number 23-7378249
OF THE ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS MAY ELECT	ONE OR MORE
MEMBERS OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION A, LINE 7B: ALL MATTERS DECIDE	D ON BY THE BOARD
AND THE PRESIDENT ARE INSTITUTED. THEN THEY ARE PRESENTE	D TO THE GENERAL
MEMBERSHIP FOR INFORMATIONAL PURPOSES ONLY.	4-
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWE	D FIRST BY
RICHARD WELLS (VICE PRESIDENT) FOR ANY INCONSISTENCIES OR	ERRORS. THEN
JAMES ADAMS (PRESIDENT/CEO) REVIEWS IT. THE BOARD IS GIV	EN A COPY OF THE
RETURN AS WELL, HOWEVER THE APPROVAL COMES FROM THE PRESI	DENT.
FORM 990, PART VI, SECTION B, LINE 12: OMSA REGULARLY AND	CONSISTENTLY
MONITORS AND ENFORCES THEIR CONFLICT OF INTEREST POLICY B	Y ADDRESSING ALL
RELEVANT ISSUES THAT ARISE RELATING TO THE POLICY. NO CO	NFLICTS AROSE
DURING 2010.	
FORM 990, PART VI, SECTION B, LINE 15: JAMES ADAMS (PRESI	DENT/CEO OF OMSA)
MAKES RECOMMENDATIONS BASED UPON THE 990'S OF OTHER SIMIL	AR NON-PROFITS,
AND THE BOARD USES THE INFORMATION PROVIDED IN CONJUNCTIO	N WITH OMSA'S
ACCOMPLISHMENTS TO MAKE THE FINAL DETERMINATION.	
FORM 990, PART VI, SECTION C, LINE 19: OMSA MAKES THEIR G	OVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA	TEMENTS AVAILABLE
TO THE PUBLIC UPON REQUEST OF THESE DOCUMENTS.	

Sched	dule O (Form	990 o	r 990-EZ) (2010)								Page 2
	of the organ		า	MARINE S	ERVICE A	<u>ASSOCIA</u>	TION	, INC		Employer identificate 23-737824	tion number
rhe	BOARD	OF	DIRECTORS	PROVIDES	OVERSI	HT FOR	THE	AUDIT	OF	THE	
FIN	ANCIAL	ST	ATEMENTS.								
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Erm 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

OMB No.	1545-1878
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For calendar year 2010, or fiscal year beginning

▶ Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service See instructions. Name of exempt organization Employer identification number OFFSHORE MARINE SERVICE ASSOCIATION, INC. 23-7378249 Name and title of officer RICHARD WELLS VICE PRESIDENT Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0.). But, if you entered -0. on the return, then enter -0. on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 1712052 b Total revenue, if any (Form 990-EZ, line 9) ______ 2b _____ 2a Form 990-EZ check here **b** Total tax (Form 1120-POL, line 22) ______ **3b** _____ 3a Form 1120-POL check here 4a Form 990-PF check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here ▶ **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize BOURGEOIS BENNETT, L.L.C. to enter my PIN ERO firm name Enter five numbers, bu do not enter all zeros as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return, If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 72020070160 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I

confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

Date 🕨 _

ERO's signature