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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions

C Name of organization

NORWALK SEAPORT ASSOCIATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

132 WATER STREET

Room/suite

City or town, state or country, and ZIP + 4

SOUTH NORWALK, CT 06854

F Name and address of principal officer: SUSAN SNIDER

132 WATER STREET, NORWALK, CT 06854

D Employer identification number

06-0986800

E Telephone number

203-838-9444

G Gross receipts \$

1,691,529.

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.SEAPORT.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1978**

M State of legal domicile: **CT**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PRESERVE AND MAINTAIN SHEFFIELD ISLAND LIGHTHOUSE AS A GENERAL PUBLIC EDUCATIONAL		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of employees (Part V, line 2a)	5	38
	6	Total number of volunteers (estimate if necessary)	6	125
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	315,361.	750,699.
	9	Program service revenue (Part VIII, line 2g)	708,337.	691,524.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,584.	10,153.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	215,592.	<20,117.>
	12	Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,241,874.	1,432,259.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	278,655.	284,301.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 42,436.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	774,153.	955,940.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,052,808.	1,240,241.	
19	Revenue less expenses. Subtract line 18 from line 12	189,066.	192,018.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 861,606.	End of Year 1,078,967.
	21	Total liabilities (Part X, line 26)	523,013.	546,600.
	22	Net assets or fund balances. Subtract line 21 from line 20	338,593.	532,367.

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 Here

Gerald B. Toni, Treasurer

11/14/2010

Signature of officer

Date

Gerald B. Toni, Treasurer

Type or print name and title

Paid

Preparer's Use Only

Preparer's signature

Manda M Todd CPA

Date

11/12/2010

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

BLUM, SHAPIRO & COMPANY, P.C.

2 ENTERPRISE DRIVE

SHELTON, CT 06484-4640

EIN ▶

Phone no. ▶ **203 944-2100**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

TO FOSTER PUBLIC AWARENESS OF THE LOCAL MARINE RESOURCES, ENVIRONMENT AND HERITAGE THROUGH RESEARCH, EDUCATION AND PRESERVATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 215,816. including grants of \$) (Revenue \$ 17,835.)

THE SHEFFIELD ISLAND LIGHTHOUSE AND ADJACENT KEEPER'S COTTAGE ARE LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES. THE ASSOCIATION OWNS AND MAINTAINS THE LIGHTHOUSE AND COTTAGE AS A TOURIST ATTRACTION. CURRENTLY THERE IS A MAJOR RESTORATION PROJECT UNDERWAY WHICH WILL INCLUDE STABILIZATION AND EXTERIOR MAINTENANCE OF BOTH BUILDINGS.

4b (Code:) (Expenses \$ 199,262. including grants of \$) (Revenue \$ 21,363.)

THE GOAL OF MARITIME EDUCATION PROGRAMS IS TO "CONNECT PEOPLE WITH NATURE". THE PROGRAMS FOCUS ON THE NORWALK ISLANDS, THE WILDLIFE THAT DEPEND UPON THE ISLANDS FOR SURVIVAL AND THE IMPORTANCE OF CONSERVING THE NATURAL ENVIRONMENT. THE PROGRAMS ALSO PROVIDE THE OPPORTUNITY FOR YOUTH AND ADULTS TO "GET OUTSIDE" WITH THE GOAL OF IMPROVING HEALTH AND FITNESS AND BUILDING AN APPRECIATION FOR THE NATURAL WORLD.

4c (Code:) (Expenses \$ 718,245. including grants of \$) (Revenue \$ 652,326.)

OYSTER FESTIVAL-A TWO AND HALF DAY FESTIVAL STAGED AS AN EDUCATION AND COMMUNITY EVENT. THE PURPOSE OF THE EVENT IS TO BUILD AWARENESS, APPRECIATION AND ADVOCACY FOR THE CONSERVATION OF THE NORWALK ISLANDS AND NORWALK HARBOR. OVER 35,000 PEOPLE ATTEND THE EVENT.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **\$ 1,133,323.**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
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		
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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, Part I		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, Part II		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, Part III		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		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	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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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Part IV 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c 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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		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.	X	

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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 U.S. Information Returns. Enter -0- if not applicable	1a	19
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	38
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	27
b Enter the number of voting members that are independent	1b	25
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b 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:		
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 reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a 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 chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
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	
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b 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.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CT**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SUSAN SNIDER, EXEC DIR, NORWALK SEAPORT ASSOCIATION INC. - 203-838-9444**
132 WATER STREET, SOUTH NORWALK, CT 06854

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS BACCO DIRECTOR		X						0.	0.	0.
BRENDA CATUGNO DIRECTOR		X						0.	0.	0.
JIM EROTOPOULOS DIRECTOR		X						0.	0.	0.
FRED GAGLIARDI DIRECTOR		X						0.	0.	0.
GREG GOOMRIGIAN VICE PRESIDENT		X		X				0.	0.	0.
PATTY KOLKMEYER DIRECTOR		X						0.	0.	0.
PETER LAPAK DIRECTOR		X						0.	0.	0.
URBAN MULVEHILL DIRECTOR		X						0.	0.	0.
BARRY NATALE DIRECTOR		X						0.	0.	0.
ART PETRONE DIRECTOR		X						0.	0.	0.
CAROL POTE PRESIDENT		X		X				0.	0.	0.
DONNA RIDDELL DIRECTOR		X						0.	0.	0.
MARK ROMAN DIRECTOR		X						0.	0.	0.
STEPHEN SABOL DIRECTOR		X						0.	0.	0.
SAL SALVATO DIRECTOR		X						0.	0.	0.
PAULINE SCHLEGEL DIRECTOR		X						0.	0.	0.
NORMA ZUKIN SECRETARY		X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES KRIEWALD DIRECTOR		X						0.	0.	0.
RICHARD MCQUAID DIRECTOR		X						0.	0.	0.
LOUIS SALAMONE DIRECTOR		X						0.	0.	0.
EDMUND SCHMIDT DIRECTOR		X						0.	0.	0.
THOMAS SHRUM DIRECTOR		X						0.	0.	0.
GARY SUPLE DIRECTOR		X						0.	0.	0.
JERRY TONI DIRECTOR		X						0.	0.	0.
JOHN LINDGREN DIRECTOR		X						0.	0.	0.
JOHN BOVE DIRECTOR		X						0.	0.	0.
RAY COOKE DIRECTOR		X						0.	0.	0.
1b Total								79,118.	0.	6,440.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	9,426.				
	c Fundraising events	1c	2,922.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	738,351.				
	g Noncash contributions included in lines 1a-1f \$		33,600.				
	h Total. Add lines 1a-1f		750,699.				
Program Service Revenue	2 a OYSTER FESTIVAL	Business Code	900099	652,326.	652,326.		
	b MARINE EDUCATION		900099	21,363.	21,363.		
	c LIGHTHOUSE PROGRAMS		900099	17,835.	17,835.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		691,524.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,153.			10,153.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	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 including \$ 2,922. of contributions reported on line 1c). See Part IV, line 18	a	239,153.				
	b Less: direct expenses	b	259,270.				
	c Net income or (loss) from fundraising events		<20,117.>			<20,117.>	
	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							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			1,432,259.	691,524.	0.	<9,964.>	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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, trustees, and key employees	85,558.	51,335.	21,390.	12,833.
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	187,670.	179,436.	7,465.	769.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	11,073.	10,531.	271.	271.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	64,175.	38,505.	12,835.	12,835.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	52,276.	46,276.	3,000.	3,000.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	28,415.	19,997.	4,209.	4,209.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,627.	24,865.	1,381.	1,381.
23 Insurance	58,424.	55,352.	1,536.	1,536.
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.)				
a OPERATING COSTS & SUPPL	284,242.	271,979.	9,531.	2,732.
b PUBLIC RELATIONS	177,276.	177,002.	0.	274.
c SUBCONTRACTORS	66,344.	66,324.	10.	10.
d PUBLIC SAFETY EXPENSE	65,932.	65,932.	0.	0.
e UTILITIES	58,333.	56,001.	1,166.	1,166.
f All other expenses	72,896.	69,788.	1,688.	1,420.
25 Total functional expenses. Add lines 1 through 24f	1,240,241.	1,133,323.	64,482.	42,436.
26 Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	240,724.	1	169,610.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,682.	4	4,998.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,169.	8	
	9 Prepaid expenses and deferred charges	25,173.	9	23,266.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 931,711.		
	b Less: accumulated depreciation	10b 492,462.		
		444,867.	10c	439,249.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	130,675.	12	434,928.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	13,316.	15	6,916.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	861,606.	16	1,078,967.	
Liabilities	17 Accounts payable and accrued expenses	59,289.	17	96,118.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	463,724.	23	450,482.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	523,013.	26	546,600.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	332,267.	27	521,041.
	28 Temporarily restricted net assets	6,326.	28	11,326.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	338,593.	33	532,367.
34 Total liabilities and net assets/fund balances	861,606.	34	1,078,967.	

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	59,735.	72,986.	69,853.	315,361.	750,699.	1268634.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1288185.	1213089.	1303024.	1302831.	930,677.	6037806.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1347920.	1286075.	1372877.	1618192.	1681376.	7306440.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						7306440.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1347920.	1286075.	1372877.	1618192.	1681376.	7306440.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,703.	2,984.	1,973.	2,584.	10,153.	22,397.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,703.	2,984.	1,973.	2,584.	10,153.	22,397.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	1352623.	1289059.	1374850.	1620776.	1691529.	7328837.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.69 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.81 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.31 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.19 %
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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

2009

Open to Public
Inspection

Name of the organization

NORWALK SEAPORT ASSOCIATION, INC.

Employer identification number

06-0986800

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
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 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)? ☐ Yes ☐ No

9 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a 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 and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ %b Permanent endowment ☐ %c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	177,202.			177,202.
b Buildings	459,954.		285,312.	174,642.
c Leasehold improvements	280,731.		197,648.	83,083.
d Equipment	13,824.		9,502.	4,322.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				439,249.

Schedule D (Form 990) 2009

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 valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
MF SERIES TRUST	4,600.	END-OF-YEAR MARKET VALUE
ANNUITY	21,126.	END-OF-YEAR MARKET VALUE
MONEY MARKET	407,356.	END-OF-YEAR MARKET VALUE
EQUITIES	1,846.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	434,928.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Part VII Investments Program Related (See Form 990, Part X, line 10.)		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX	Other Assets. See Form 990, Part X, line 15.
----------------	---

[illegible]

Part X Other Liabilities. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
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 uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,432,259.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,240,241.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	192,018.
4	Net unrealized gains (losses) on investments	4	1,756.
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	1,756.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	193,774.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,857,285.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,756.
b	Donated services and use of facilities	2b	164,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	259,270.
e	Add lines 2a through 2d	2e	425,026.
3	Subtract line 2e from line 1	3	1,432,259.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,432,259.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,663,511.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	423,270.
e	Add lines 2a through 2d	2e	423,270.
3	Subtract line 2e from line 1	3	1,240,241.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,240,241.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE -OYSTER FESTIVAL & OTHER SPECIAL

EVENTS: 423270.

DONATED SERVICES EXPENSED IN SPECIAL EVENTS EXPENSE: -164000.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE -OYSTER FESTIVAL & OTHER SPECIAL

Part XIV Supplemental Information (continued)EVENTS: 423270.

Department of the Treasury
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▶ **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 ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

NORWALK SEAPORT ASSOCIATION, INC.

Employer identification number

06-0986800

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ No

- 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
Total						

Total

- 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.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		OYSTER FESTIVAL & O (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	242,075.			242,075.
	2 Less: Charitable contributions	2,922.			2,922.
	3 Gross income (line 1 minus line 2)	239,153.			239,153.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	259,270.			259,270.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(259,270)
	11 Net income summary. Combine line 3, column (d), and line 10				<20,117.>

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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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				

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: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

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? _____

	Yes	No
9a		
10a		
11		
12		

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Enter the name and address of the person who prepares the organization's gaming/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?		15a	
b If "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 ► _____			

<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
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 ► \$ _____			

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No. 1545-0047

OMB No. 1545-00
2009

Open to Public Inspection

Name of the Organization

NORWALK SEAPORT ASSOCIATION, INC.

Employer Identification number

06-0986800

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
---------------	--

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J-2 (Form 990) 2009

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

NORWALK SEAPORT ASSOCIATION, INC.

Employer identification number

06-0986800

Part I	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
---------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II	Loans to and/or From Interested Persons.
----------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total			\$							

Part III	Grants or Assistance Benefiting Interested Persons.
----------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARK SCHLEGEL	SPOUSE OF PAULINE S	3,695.	HE IS HIRED		X
MARK ROMAN	CURRENT TRUSTEE AND	1,700.	HIS COMPANY		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

► **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.**

**Open to Public
Inspection**

Name of the organization

NORWALK SEAPORT ASSOCIATION, INC.

Employer identification number

06-0986800

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (PRODUCTS & SE)	X	0	197,000.	FAIR VALUE
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

NORWALK SEAPORT ASSOCIATION, INC.

Employer identification number

06-0986800

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FACILITY, AND TO OPERATE THE NORWALK OYSTER FESTIVAL AS AN ANNUAL
EDUCATION AND COMMUNITY EVENT FOCUSED ON THE NORWALK HARBOR AREA.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS INCORPORATED AS
A NON-STOCK CORPORATION IN THE STATE OF CONNECTICUT.

FORM 990, PART VI, SECTION A, LINE 7A: ELECTION OF MEMBERS TO THE
GOVERNING BODY ARE AS FOLLOWS:

SECTION 7.1 NOMINATING COMMITTEE - ON OR BEFORE SEPTEMBER 30 OF EACH YEAR,
THE PRESIDENT SHALL APPOINT A NOMINATING COMMITTEE CONSISTING OF SEVEN
MEMBERS OF THE NSA. THE PRESIDENT MAY BE A MEMBER OF THE NOMINATING
COMMITTEE. OF THE SEVEN MEMBERS, FIVE SHALL BE MEMBERS OF THE BOARD AND
TWO SHALL BE NON-BOARD MEMBERS DRAWN FROM THE GENERAL MEMBERSHIP OF THE
NSA. THE COMMITTEE SHALL SELECT A CHAIRPERSON. NO ONE ON THE NOMINATING
COMMITTEE MAY BE NOMINATED TO THE SLATE OF OFFICERS PROPOSED BY THE
NOMINATING COMMITTEE, EXCEPT THE CURRENT PRESIDENT.

SECTION 7.2 CANDIDATES - NO LATER THAN THE SCHEDULED OCTOBER MEETING OF THE
BOARD, THE NOMINATING COMMITTEE SHALL PRESENT IN EXECUTIVE SESSION THE
NAMES OF THOSE TRUSTEES, IF ANY, WHOSE TERMS SHALL NEXT EXPIRE AND WHO ARE
NOT PROPOSED FOR RE-NOMINATION, AND THE NUMBER OF VACANCIES TO BE FILLED.

NO LATER THAN THE SCHEDULED NOVEMBER BOARD MEETING, THE COMMITTEE SHALL
PRESENT A SLATE OF CANDIDATES CONSISTING OF ONE CANDIDATE FOR EACH ONE-

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Schedule O (Form 990) 2009

932211
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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Employer identification number

06-0986800

TWO- AND THREE-YEAR TRUSTEE TERM TO BE FILLED, AND ONE CANDIDATE FOR EACH
ELECTIVE OFFICE.

PERSONS NOMINATED TO FILL A TRUSTEE POSITION SHALL BE NOMINATED FOR A ONE-
TWO- OR THREE-YEAR TERM, AS THE CASE MAY BE, SO AS TO MAINTAIN AS NEARLY AS
POSSIBLE THE POLICY OF HAVING ONE-THIRD OF THE TRUSTEESHIPS EXPIRE EACH
YEAR. IN THE CASE OF A NOMINEE WHO HAS NOT PREVIOUSLY SERVED AS A TRUSTEE
OF THE NSA, THE NOMINATION SHALL BE FOR A ONE-YEAR TERM.

THE COMMITTEE SHALL CONFIRM TO THE BOARD THAT ALL CANDIDATES ARE ELIGIBLE
TO SERVE, IF ELECTED, OR HAVE BEEN ADVISED OF THE ELIGIBILITY REQUIREMENTS,
AND THAT EACH HAS BEEN CONTACTED PERSONALLY BY A MEMBER OF THE NOMINATING
COMMITTEE AND HAS EXPRESSED HIS OR HER WILLINGNESS TO ACCEPT THE NOMINATION
AND, IF ELECTED, TO SERVE.

SECTION 7.3 ELIGIBILITY - ONLY NSA MEMBERS SHALL BE ELIGIBLE TO SERVE ON
THE BOARD OF TRUSTEES, AND ONLY TRUSTEES SHALL BE ELIGIBLE TO SERVE AS
OFFICERS. AS A PREREQUISITE TO SERVE AS A TRUSTEE, EACH INDIVIDUAL MUST
MEET THE ELIGIBILITY REQUIREMENTS AS OF THE FIRST REGULAR MEETING OF THE
BOARD FOLLOWING THEIR ELECTION OR APPOINTMENT.

SECTION 7.4 BALLOT PREPARATION AND DISTRIBUTION - UPON RECEIPT OF THE
REPORT OF THE NOMINATING COMMITTEE, THE EXECUTIVE DIRECTOR OR, IN THE
DIRECTOR'S ABSENCE, THE CHAIRPERSON OF THE NOMINATING COMMITTEE, SHALL HAVE
A BALLOT PRINTED WITH BLANK SPACES PROVIDED IN WHICH ANY MEMBER MAY WRITE
IN THE NAMES OF OTHER PERSONS FOR ELECTION TO THE BOARD OF TRUSTEES AND TO

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Schedule O (Form 990) 2009

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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06-0986800

ELECTIVE OFFICE. THE BALLOT SHALL ALSO STATE THAT ANY NAME ON THAT PRINTED
BALLOT MAY BE CROSSED OFF SHOULD THE MEMBER NOT WISH TO VOTE FOR ONE OR
MORE SPECIFIC NOMINEES. ONLY ONE BALLOT SHALL BE PROVIDED TO EACH
INDIVIDUAL, FAMILY OR OTHER MEMBERSHIP CATEGORY. A BALLOT SHALL BE MAILED
TO EACH NSA MEMBER AT LEAST 14 DAYS IN ADVANCE OF THE ANNUAL MEETING, WITH
A RETURN ENVELOPE ENCLOSED.

SECTION 7.5 VOTING - BALLOTS FOR TRUSTEES AND OFFICERS SHALL BE RETURNED TO
THE NSA OFFICE OR BROUGHT TO THE ANNUAL MEETING AND TURNED IN TO THE
SECRETARY PRIOR TO THE CONCLUSION OF VOTING.

THE CANDIDATE IN EACH ONE- TWO- AND THREE-YEAR TERM FOR TRUSTEE, RECEIVING
THE HIGHEST NUMBER OF AFFIRMATIVE VOTES IN THAT CATEGORY, SHALL BE ELECTED
TO THE BOARD FOR SUCH TERM. THE CANDIDATE FOR EACH ELECTIVE OFFICE THAT
RECEIVES THE HIGHEST NUMBER OF VOTES FOR SUCH OFFICE SHALL BE ELECTED TO
SUCH OFFICE, PROVIDED SUCH PERSON IS A TRUSTEE OR IS SIMULTANEOUSLY ELECTED
AS A TRUSTEE.

SECTION 7.6 TAKING OFFICE - THE NEWLY ELECTED TRUSTEES AND OFFICERS SHALL
TAKE OFFICE AS OF THE FIRST DAY OF THE MONTH FOLLOWING THEIR ELECTION.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PROVIDED TO ALL
BOARD OF TRUSTEES. IN THE PAST, THERE HAS BEEN NO FORMAL REVIEW ONLY A
SUMMARY STATEMENT/REPORT BY THE EXECUTIVE DIRECTOR TO THE FINANCE COMMITTEE
AND THEN THE BOARD. NO BOARD MEMBER OR COMMITTEE HAS REVIEWED IT IN DEPTH.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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FORM 990, PART VI, SECTION B, LINE 15: THERE IS NO FORMAL PROCESS FOR DETERMINING COMPENSATION. IN 2008 THE FINANCE COMMITTEE ALSO ACTED AS THE PERSONNEL COMMITTEE AND WORKING THE EXECUTIVE DIRECTOR ON IMPLEMENTING GOALS AND OBJECTIVES AND COMPENSATION LEVELS FOR THE EMPLOYEES. FOR THE EXECUTIVE DIRECTOR POSITION THERE IS NO WRITTEN OR DEFINED PROCEDURE FOR REVIEWING COMPENSATION OR GOALS AND OBJECTIVES EXCEPT FOR THE RESPONSIBILITIES OUTLINED IN THE BY-LAWS. IN 2009 THE EXECUTIVE COMMITTEE TOOK OVER THE PERSONNEL ISSUES.

ARTICLE VI - EXECUTIVE DIRECTOR

SECTION 6.1 OFFICE - THE BOARD AT ITS DISCRETION MAY EMPLOY AN EXECUTIVE DIRECTOR TO ACT AS THE CHIEF OPERATING OFFICER OF THE NSA. SUCH EMPLOYMENT SHALL REQUIRE APPROVAL BY A VOTE OF THREE-QUARTERS OF THE ENTIRE BOARD OF TRUSTEES THEN IN OFFICE AND NOT ON LEAVE OF ABSENCE. IN THE ABSENCE OF EMPLOYMENT OF AN EXECUTIVE DIRECTOR, THE PRESIDENT OF THE NSA SHALL ALSO BE THE CHIEF OPERATING OFFICER.

SECTION 6.2 DUTIES - THE EXECUTIVE DIRECTOR SHALL:

- REPORT DIRECTLY TO THE BOARD;
- BE RESPONSIBLE FOR THE OVERALL MANAGEMENT OF NSA OPERATIONS;
- BE RESPONSIBLE FOR CONDUCTING THE OFFICIAL CORRESPONDENCE OF THE NSA;
- PRESERVE ALL BOOKS, DOCUMENTS, RECORDS, COMMUNICATIONS AND ARCHIVES;
- BE RESPONSIBLE FOR PRESERVING BOOKS OF ACCOUNT AND FOR MAINTAINING ACCURATE RECORDS OF THE ACTIVITIES OF THE NSA;
- RECEIVE AND DEPOSIT ALL MONIES IN THE NAME OF THE NSA, AND UPON APPROVAL

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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OF THE ANNUAL BUDGET MAKE SUCH DISBURSEMENTS AS ARE PROVIDED FOR IN THE
BUDGET WITHOUT FURTHER APPROVAL OF THE BOARD, SUBJECT TO THE REQUIREMENT
FOR JOINT EXECUTION OF ALL CHECKS OVER \$750;

- BE RESPONSIBLE FOR THE DIRECTION AND SUPERVISION OF ALL STAFF;
- ATTEND MEETINGS OF THE BOARD AND OF THE EXECUTIVE COMMITTEE;
- ATTEND COMMITTEE MEETINGS WHEN REQUESTED BY ITS CHAIRPERSON OR WHEN THE
EXECUTIVE DIRECTOR DEEMS IT APPROPRIATE.

SECTION 6.3 TERM - THE EXECUTIVE DIRECTOR MAY BE DISMISSED WITH OR WITHOUT
CAUSE BY A VOTE OF THREE-QUARTERS OF THE MEMBERS OF THE ENTIRE BOARD OF
TRUSTEES THEN IN OFFICE AND NOT ON LEAVE OF ABSENCE.

SECTION 6.4 COMPENSATION - THE EXECUTIVE DIRECTOR SHALL BE PAID SUCH
COMPENSATION AS THE BOARD DETERMINES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990 PART XI - FINANCIAL STATEMENTS AND REPORTING
THE ORGANIZATION'S FINANCE AND EXECUTIVE COMMITTEE ASSUMES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN
INDEPENDENT ACCOUNTANT.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

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Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**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.

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2009Open to Public
Inspection

Name of the organization

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Employer identification number

06-0986800

(A) NAME OF PERSON: MARK SCHLEGEL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF PAULINE SCHLEGEL WHO IS A CURRENT TRUSTEE/DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 3695.

(D) DESCRIPTION OF TRANSACTION: HE IS HIRED AS AN INDEPENDENT CONTRACTOR
TO OPERATE THE FERRY DURING THE SUMMER SEASON. HE IS A LICENSED CAPTAIN
AND IS PAID \$20 PER HOUR.MARK & PAULINE SCHLEGEL OCCASIONALLY RUN PRINT JOBS THROUGH THEIR COMPANY
PM INK. IN 2008 THEY CHARGED THE ORGANIZATION \$300 FOR PRINTING JOBS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MARK ROMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CURRENT TRUSTEE AND IS THE OWNER OF STARDUST PROMOTIONS

(C) AMOUNT OF TRANSACTION \$ 1700.

(D) DESCRIPTION OF TRANSACTION: HIS COMPANY PROVIDES THE SOUND SYSTEMS
FOR THE OYSTER FESTIVAL.

(E) SHARING OF ORGANIZATION REVENUES? = NO