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Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable.

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

MANASQUAN RIVER MARLIN AND TUNA CLUB

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

POST OFFICE BOX 251

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

BRIELLE

NJ 08730

D Employer identification number

22-2183080

E Telephone number

(732) 974-2200

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►

i Website: ► N/A

j Tax-exempt status (check only one) — 501(c) (7) (insert no.) 4947(a)(1) or 527

k Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

l Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 100,873.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	43,699.
3 Membership dues and assessments	3	29,025.
4 Investment income	4	316.
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6a	27,833.
a Gross revenue (not including \$ 27,833. of contributions reported on line 1)	6b	19,708.
b Less: direct expenses other than fundraising expenses	6c	8,125.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less: cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8 Other revenue (describe ► MAY 03 2010)	9	81,165.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10 Grants and similar amounts paid (attach schedule) RECEIVED ODEN, UT	10	10,000.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	11,100.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	2,437.
16 Other expenses (describe ► See Other Expenses Statement)	16	56,306.
17 Total expenses. Add lines 10 through 16	17	79,843.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,322.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	123,879.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	125,201.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	123,065.	22 125,201.
23 Land and buildings	407.	23 0.
24 Other assets (describe ► See L-24 Stmt)	407.	24 0.
25 Total assets	123,879.	25 125,201.
26 Total liabilities (describe ►)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	123,879.	27 125,201.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

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

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)

What is the organization's primary exempt purpose? PROMOTE SPORTFISHING
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title
28 _____
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 28a
29 _____
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 29a
30 _____
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 30a
31 Other program services (attach schedule) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
TONY CUCCIA C/O ORGANIZATION BRIELLE NJ 08730	PRESIDENT 2.00	0.	0.	
RALPH MUNSIE C/O ORGANIZATION BRIELLE NJ 08730	TRUSTEE 1.00	0.	0.	
JOHN MULY C/O ORGANIZATION BRIELLE NJ 08730	VICE PRESIDENT 1.00	0.	0.	
KEN WARCHAL C/O ORGANIZATION BRIELLE NJ 08730	SEC 1.00	0.	0.	
WILLIAM SMITH C/O ORGANIZATION BRIELLE NJ 08730	TRUSTEE 0.00	0.	0.	
CHRIS CARVER C/O ORGANIZATION BRIELLE NJ 08730	TRUSTEE 0.00	0.	0.	
DAN BURNS C/O ORGANIZATION BRIELLE NJ 08730	TREASURER 0.00	0.	0.	
JOSEPH DALIK C/O ORGANIZATION BRIELLE NJ 08730	TRUSTEE 0.00	0.	0.	
MIKE GOREY C/O ORGANIZATION BRIELLE NJ 08730	TRUSTEE 0.00	0.	0.	
SAM MELILLO C/O ORGANIZATION BRIELLE NJ 08730	TRUSTEE 0.00	0.	0.	
BUTCH KROSS C/O ORGANIZATION BRIELLE NJ 08730	TRUSTEE 0.00	0.	0.	
DAN PURDY C/O ORGANIZATION BRIELLE NJ 08730	TRUSTEE 0.00	0.	0.	

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity .	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes .	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0 .	37a	0 .
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:	39a	0 .
a Initiation fees and capital contributions included on line 9	39b	0 .
b Gross receipts, included on line 9, for public use of club facilities		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____	40c	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____	40d	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► _____		
42 a The organization's books are in care of ► TAXPAYER Located at ► PO BOX 251 , BRIELLE , NJ ZIP + 4 ► 08730 Telephone no ► (732) 974-2200		
b 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)? If 'Yes,' enter the name of the foreign country: ► _____	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: ► _____	42c	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts .		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 _____	43	
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

 b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

	Yes	No
46		
47		
48		
49 a		
49 b		

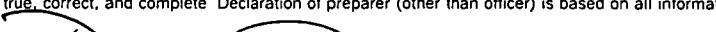
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

Sign Here	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			
		4-27-10	Date	
	Signature of officer			
	DAN BURNS - Treasurer			
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date 04/16/10	Check if self-employed <input checked="" type="checkbox"/> X	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 WILLIAM G. BARTHORST, CPA	EIN ►		
	501 BROADWAY, SUITE 301			
	PT. PLEASANT BEACH	NJ 08742	Phone no ► (732) 295-4880	

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Supplemental Information Regarding Fundraising or Gaming Activities

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

MANASQUAN RIVER MARLIN AND TUNA CLUB

22-2183080

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ 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.

- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations
- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

2a Did the organization have 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

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.

REVENUE		(a) Event #1 <u>HOLIDAY PARTY</u> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	27,833.			27,833.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	27,833.			27,833.
DIRECT EXPENSES	4 Cash prizes	827.			827.
	5 Noncash prizes				
	6 Rent/facility costs	17,091.			17,091.
	7 Food and beverages				
	8 Entertainment	345.			345.
	9 Other direct expenses	1,445.			1,445.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				19,708.
	11 Net income summary. Combine lines 3, column (d) and line 10				8,125.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash 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 lines 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? Yes _____ % No _____ %

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes _____ % No _____ %

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes _____ % No _____ %

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 _____ %

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

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 contact with a third party from whom the organization receives gaming revenue?

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: ► _____

 Director/officer Employee 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?

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: ► \$ _____

Name as Shown on Return

MANASQUAN RIVER MARLIN AND TUNA CLUB

Employer Identification No.
22-2183080

Line 24 - Other Assets:	Beginning of Year	End of Year
FURNITURE & FIXTURES	407.	0.
Totals to Form 990-EZ, Part II, line 24	407.	0.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

INSURANCE	3,408.
SUPPLIES	1,661.
FUNDRAISING EXPENSES	51,050.
MISCELLANEOUS	187.
Total	<u>56,306.</u>

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MIKE LARKIN 13340 NE 16 AVE. NORTH MIAMI FL 33161	NONE	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JUSTIN PARRAULT 1424 W. WICKHAM CIRCLE DELRAY BEACH FL 33554	NONE	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ANNA WATSON 8 HIGH STREET MYSTIC CT 06355	NONE	750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ELIZABETH DIAMOND 9802 BRUNETT AVE SILVER SPRINGS MD 20901	NONE	750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TALI BABILA 323 SOUTH 2ND AVE. HIGHLAND PARK NJ 08901	NONE	750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JOAN PRAVATINER 132 GREAT BAY BLVD TUCKERTON NJ 08087	NONE	750.

If property other than cash was given, the following additional information needs to be provided.

Description of Property

Date of Gift

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JASON TURNURE 800 C/O 132 GREAT BAY BLVD TUCKERTON NJ 08087	NONE	750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MARK FITCHETT 3163 ELIZABETH ST MIAMI FL 33133	NONE	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> COREY ANCO 1301 WEST CHAPEL ST	NONE	
	DURHAM NC		1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JOY YOUNG 7650 SONESTA SHORES DRIVE	NONE	
	LAKE WORTH FL 33463		750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SEAN BIGNAMI 1460 SW 23RD TERRACE	NONE	
	MIAMI FL 33145		750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> RACHEL WELICKY 8104 MAHOGANY DRIVE BOYNTON, BEACH FL 33436	NONE	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value

How Book Value Determined

FMV

How FMV Determined

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KERI HEINONEN 111 BROADWAY ST COLCHESTER CT 06415	NONE	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value

How Book Value Determined

FMV

How FMV Determined

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LINDSEY PEAVEY 118 GORDON ST BEAUFORT NC 28516	NONE	750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value

How Book Value Determined

FMV

How FMV Determined