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# Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public  
Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

<b>A</b> For the 2010 calendar year, or tax year beginning <b>, 2010, and ending</b>																																																																																																																							
<b>B</b> Check if applicable <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top;"> <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending         </td> <td style="width: 80%; vertical-align: top;"> <b>C</b> Name of organization  <b>MANASQUAN RIVER MARLIN AND TUNA CLUB</b>  <small>Number and street (or P O box, if mail is not delivered to street address)</small>  <b>POST OFFICE BOX 251</b>  <small>City or town, state or country, and ZIP + 4</small>  <b>BRIELLE</b> <b>NJ 08730</b> </td> <td style="width: 10%; vertical-align: top;"> <b>D</b> Employer identification number  <b>22-2183080</b> </td> </tr> </table>		<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MANASQUAN RIVER MARLIN AND TUNA CLUB</b> <small>Number and street (or P O box, if mail is not delivered to street address)</small> <b>POST OFFICE BOX 251</b> <small>City or town, state or country, and ZIP + 4</small> <b>BRIELLE</b> <b>NJ 08730</b>	<b>D</b> Employer identification number <b>22-2183080</b>																																																																																																																			
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<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		<b>H</b> Check ► <input checked="" type="checkbox"/> If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																																																																																																																					
<b>I</b> Website: ► <b>N/A</b>																																																																																																																							
<b>J</b> Tax-exempt status (ck only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 7 ) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																																																																																							
<b>K</b> Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.																																																																																																																							
<small>Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>192,571.</b></small>																																																																																																																							
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.) <small>Check if the organization used Schedule O to respond to any question in this Part I</small>																																																																																																																							
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

P/K/11

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II 

22 Cash, savings, and investments . . . . .  
 23 Land and buildings  
 24 Other assets (describe in Schedule O) See L-24 Stmt)  
 25 **Total assets**  
 26 **Total liabilities** (describe in Schedule O)  
 27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
125,201.22	123,047.
0.23	0.
0.24	0.
125,201.25	123,047.
0.26	0.
<b>125,201.27</b>	<b>123,047.</b>

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose? **PROMOTE CLEAN ENVIRONMENT FOR 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, and other relevant information for each program title

**Expenses**

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

28	-----		
	-----		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>	28a
29	-----		
	-----		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>	29a
30	-----		
	-----		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>
			31a
<b>32 Total program service expenses</b> (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 instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV 

(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	PAST PRESIDENT 1.00	0.	0.	
RALPH MUNSIE C/O ORGANIZATION BRIELLE NJ 08730	TRUSTEE 1.00	0.	0.	
JOHN MULY C/O ORGANIZATION BRIELLE NJ 08730	PRESIDENT 2.00	0.	0.	
KEN WARCHAL C/O ORGANIZATION BRIELLE NJ 08730	SEC 1.00	0.	0.	
LENNY SMITH C/O ORGANIZATION BRIELLE NJ 08730	TRUSTEE 0.00	0.	0.	
JOE OLES C/O ORGANIZATION BRIELLE NJ 08730	TRUSTEE 0.00	0.	0.	
DAN BURNS C/O ORGANIZATION BRIELLE NJ 08730	VICE PRESIDENT 2.00	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.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O Yes  No   
**33**  **X**

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes  No   
**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, explain in Schedule O why the organization did not report the income on Form 990-T. Yes  No   
**35a**  **X**

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes  No   
**35b**

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)? Yes  No   
**36**  **X**

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 Yes  No   
**36**  **X**

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**  **0.** Yes  No   
**37b**  **X**

b Did the organization file **Form 1120-POL** for this year? Yes  No   
**38a**  **X**

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 tax year covered by this return? Yes  No   
**38b**

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes  No   
**39a**  **0.** Yes  No   
**39b**  **0.** Yes  No

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►  , section 4912 ►  ; section 4955 ►  Yes  No   
**40b**  **X**

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I Yes  No   
**40c**

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 Yes  No   
**40d**

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. Yes  No   
**40e**  **X**

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► **TAXPAYER** Telephone no. ► **(732) 974-2200**  
 Located at ► **PO BOX 251, BRIELLE, NJ ZIP + 4 08730**

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: ►

Yes	No
<b>42b</b> <input type="checkbox"/> <b>X</b>	<input type="checkbox"/>
<b>42c</b> <input type="checkbox"/> <b>X</b>	<input type="checkbox"/>

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

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: ►

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**

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes  No   
**44a**  **X**

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes  No   
**44b**  **X**

c Did the organization receive any payments for indoor tanning services during the year? Yes  No   
**44c**  **X**

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O Yes  No   
**44d**

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
45	X	
45a	X	
46	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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

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

	Yes	No
47		
48		
49a		
49b		

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 key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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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'

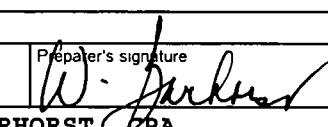
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

►  Yes  No

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

<b>Sign Here</b>	► Signature of officer	Date			
	► Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>WILLIAM G. BARHORST</b>	Preparer's signature 	Date 05/23/11	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00813168</b>
	Firm's name ► <b>WILLIAM G. BARHORST CPA</b>				
	Firm's address ► <b>501 BROADWAY, SUITE 301</b>			Firm's EIN ►	
	PT. PLEASANT BEACH	NJ 08742		Phone no	(732) 295-4880

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

►  Yes  No

BAA

Form 990-EZ (2010)

Department of the Treasury  
Internal Revenue Service

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.

**Name of the organization**

**Employer identification number**

## MANASQUAN RIVER MARLIN AND TUNA CLUB

22-2183080

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

2a 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 and address 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <b>HOLIDAY PARTY</b> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	29,268.			29,268.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	29,268.			29,268.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	20,000.			20,000.
	7 Food and beverages				
	8 Entertainment	550.			550.
	9 Other direct expenses	406.			406.
	10 Direct expense summary Add lines 4- through 9 in column (d)				20,956.
	11 Net income summary Combine line 3, column (d), and line 10				8,312.

**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 column (a) through column (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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 contact with a third party from whom the organization receives gaming revenue?  Yes  No

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?  Yes  No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE O**  
(Form 990 or 990-EZ)

## **Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**Employer identification number**

**MANASQUAN RIVER MARLIN AND TUNA CLUB**

22-2183080

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**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
<b>SCHOLARSHIP</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>SARA MCCUTCHEON</b> <b>542 NW 39TH CIRCLE</b> <b>BOCA RATON FL 33431</b>	<b>NONE</b>	<b>1,000.</b>

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

**MRMTS SCHOLARSHIP AWARDS**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>SCHOLARSHIP</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>VICTORIA PRICE</b> <b>20 WATER STREET</b> <b>MYSTIC CT 06355</b>	<b>NONE</b>	<b>1,000.</b>

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
<b>SCHOLARSHIP</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>CHELSEA BENNICE</b> <b>5600 PACIFIC BLVD. APT#605</b> <b>BOCA RATON FL 33433</b>	<b>NONE</b>	<b>1,000.</b>

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		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**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
<b>SCHOLARSHIP</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>EDWARD HALE</b> <b>106 HERON COURT</b> <b>LEWES</b> <b>DE</b> <b>10058</b>	<b>NONE</b>	<b>1,000.</b>

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
<b>SCHOLARSHIP</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>MATHEW YERGEY</b> <b>132 GREAT BAY BLVD.</b> <b>TUCKERTON</b> <b>NJ</b> <b>08904</b>	<b>NONE</b>	<b>1,000.</b>

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
<b>SCHOLARSHIP</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>ARIEL POHOLEK</b> <b>8401 SE SUNSET STREET</b> <b>HOBE SOUND</b> <b>FL</b> <b>33455</b>	<b>NONE</b>	<b>750.</b>

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		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**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
<b>SCHOLARSHIP</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>MICHAEL BARRETT</b> <b>2111 W. KNOX STREET</b> <b>DURHAM NC</b>	<b>NONE</b>	<b>1,000.</b>

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
<b>SCHOLARSHIP</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>MICHAEL LARKIN</b> <b>13340 NE 16TH STREET</b> <b>NORTH MIAMI FL 33161</b>	<b>NONE</b>	<b>750.</b>

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
<b>SCHOLARSHIP</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>MICHAEL FINIGUERRA</b> <b>1080 SHENNECOSSETT RD</b> <b>GROTON CT 06340</b>	<b>NONE</b>	<b>750.</b>

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		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid** Continued

Purpose of Payment		<b>MRMTC SCHOLARSHIP AWARD</b>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>SCHOLARSHIP</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>ERIC HEUPEL</b> <b>5 WATER STREET #A</b>	<b>NONE</b>	
	<b>MYSTIC</b> <span style="margin-left: 20px;"><b>CT 06355</b></span>		<b>750.</b>

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

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Page 1, Part II, Line 24**

Line 24 - Other Assets:	Beginning of Year	End of Year
<b>FURNITURE &amp; FIXTURES</b>	0.	
Total		<b>0.</b>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

<b>INSURANCE</b>	<b>3,395.</b>
<b>SUPPLIES</b>	<b>2,096.</b>
<b>FUNDRAISING EXPENSES</b>	<b>122,042.</b>
<b>Total</b>	<b><u>127,533.</u></b>

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>SAM MELILLO</b> <b>C/O ORGANIZATION</b> <b>BRIELLE NJ 08730</b> Foreign city _____ Foreign country _____	Title <b>TREASURER</b>  Hours/Week <b>2.00</b>	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>BUTCH KROSS</b> <b>C/O ORGANIZATION</b> <b>BRIELLE NJ 08730</b> Foreign city _____ Foreign country _____	Title <b>TRUSTEE</b>  Hours/Week <b>0.00</b>	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>DAN PURDY</b> <b>C/O ORGANIZATION</b> <b>BRIELLE NJ 08730</b> Foreign city _____ Foreign country _____	Title <b>TRUSTEE</b>  Hours/Week <b>0.00</b>	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>STEVE MELLETT</b> <b>C/O ORGANIZATION</b> <b>BRIELLE NE 08730</b> Foreign city _____ Foreign country _____	Title <b>TRUSTEE</b>  Hours/Week <b>0.00</b>	0.	0.	