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Form 990

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)

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	e 2010 calendar year, or tax year beginning 10/01, 2010, and endin	g	0	9/30, 20	11	
	_	C Name of organization		D Employer identif	ication num	ber	
B cr	eck if app	NEW JERSEY SEA GRANT CONSORTIUM, INC.	l.	23-70258	12		
	Addres						
Х	٦ .	change Number and street (or P O. box if mail is not delivered to street address) Room/suite		E Telephone numb	er		
	Indial	return 22 MAGRUDER DRIVE		(732) 872-	1300		
	Termin	City or town, state or country, and ZIP + 4		•			
	Amend			G Gross receipts \$	2,	024,	945.
	Applica	ation F Name and address of principal officer AUGUSTINE ANFUSO		H(a) Is this a group re	turn for	Yes	X No
	_ po.~	22 MAGRUDER DRIVE FORT HANCOCK, NJ 07732		affiliates? H(b) Are all affiliates in	ncluded?	Yes	No
1	Tax-exe	empt status X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1) or 52	7	If "No," attach a l	ist. (see instruc	tions)	
J	Websit	te: > WWW.NJMSC.ORG		H(c) Group exemption	number >		
<u>к</u>	Form o	of organization X Corporation Trust Association Other ▶ L Year of	f formati	on 1969 M Stat	e of legal do	mıcıle:	NJ
Pa		Summary					
		Briefly describe the organization's mission or most significant activities					
_		PROVIDES RESEARCH, EDUCATION, AND SERVICES THAT ADDRES	S MA	RINE AND			
uce		COASTAL SCIENCE ISSUES FOR THE PEOPLE OF NJ					,
rna							
Governance	2	Check this box If the organization discontinued its operations or disposed of more that	an 25%	of its net assets			
8		Number of voting members of the governing body (Part VI, line 1a)					16.
		Number of independent voting members of the governing body (Part VI, line 1b)					14.
viti		Total number of individuals employed in calendar year 2010 (Part V, line 2a)					58.
Activities	_	Total number of volunteers (estimate if necessary)				•	14.
_		Total gross unrelated business revenue from Part VIII, column (C), line 12			1		
	b	Net unrelated business taxable income from Form 990-T, line 34	<u>, , , , , , , , , , , , , , , , , , , </u>	7b			
				Prior Year	Curi	rent Ye	ar
	8	Contributions and grants (Part VIII, line 1h)	•	2,045,187.	1,	782	772.
ž	9	Contributions and grants (Part VIII, line 1h). Program service revenue (Part VIII, line 2g)		151,029.			764.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-36,306.	1		565.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Tte		42,316.	,		344.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,202,226.	2,	018	445.
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		648,416.			088.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	,		<u> </u>
(A)		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,135,613.	1,	038	432.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	1		0.
e d		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.					
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		435,026.	,	466	320.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,219,055.			840.
		Revenue less expenses Subtract line 18 from line 12		-16,829.	+		,395.
let Assets or und Balances			Begin	ning of Current Year		of Yea	
ets and	20	Total assets (Part X, line 16)		2,675,940.		458	200.
Ass	21	Total liabilities (Part X, line 26)		179,685.			,340.
	22	Net assets or fund balances Subtract line 21 from line 20		2,496,255.			860.
	rt li	Signature Block	·		,		
-		nalties of penury, Leteolare that I have examined this return, including accompanying schedules and statement of complete Beclaration of preparer (other than officer) is based on all information of which preparer has any	ts, and to	the best of my know	ledge and b	elief, it i	s true,
√= cor	rect, ar	nd complete. Beclaration of preparer (other than officer) is based on all information of which preparer has any	y knowle	dge			
S	ign	1 (le IM					
H	ere	Signature of officer		Date			
		Claire Antonucci Executive Director		6/21/	/ک		
별		Type or print name and title					
		Print/Type preparer's name Preparer's signature Date	7	Check if	PTIN		
Paid	t	Joyce Hayeresky Jaya Mayeresky 6/18/	بداود	self- employed ▶	7 P00	0245	18
60	parer	Firm's name WITHUMSMITH+BROWN, PC			-20270		
Uśe	Only	Firm's address 1 SPRING STREET NEW BRUNSWICK, NJ 08901		·	2-828-		
Mar	the 1	RS discuss this return with the preparer shown above? (see instructions)					No
_		rwork Reduction Act Notice, see the separate instructions.					(2010)

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Part	V Checklist of Required Schedules			
-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		5		
_	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,"	_		x
_	complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	200	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			支援
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
120	complete Schedule D, Parts XI, XII, and XIII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	•	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	, , , a		 -
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14b		х
4.5	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and N.	140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4.5		х
4-	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and V	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	ا مم ا		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and N	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			,,
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		<u> </u>

Pari	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		v	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			v
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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			Х
	employees? If "Yes," complete Schedule J	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		х
	through 24d and complete Schedule K. If "No," go to line 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
	to defease any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25 a		25a		х
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	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?	25b		х
	If "Yes," complete Schedule L, Part I	250		
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
_	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
D	Schedule L, Part N	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	N, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		_	000	

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				i
			Yes	No	_
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	2			1
	reportable gaming (gambling) winnings to prize winners?	1c	X	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				1
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 58	2667	- 4		4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ	7
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	<u>: ¥ : </u>	·····	X	ž
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		^	-
	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			x	
L	account)?	4a	**************************************	19 %	i
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			\ \tag{\text{\tin}}\ext{\tetx{\ti}\\\ \ti}\\\ \text{\ti}}}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	Ţ
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	المتناسفا	Х	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	-
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			-
	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		х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				-
	gifts were not tax deductible?	6ь			
7	Organizations that may receive deductible contributions under section 170(c).	, *>	;;· (°)	i., .	West State of the last of the
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<u>(</u>		Service Line
	and services provided to the payor?	7 a		Х	_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b			_
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	7c		X	7
	If "Yes," indicate the number of Forms 8282 filed during the year	- <u>-</u>	<u> </u>		j
_	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			_
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	> 36,6,	. ,	;
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	ا في الله	. 3	*** ***	*
	organization, have excess business holdings at any time during the year?	8	11		Ţ
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	*	2	
_	Did the organization make any taxable distributions under section 4966?	9a			٤
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>	-
0	Section 501(c)(7) organizations. Enter:	\$ 350	* , : '	1/3	-
	Initiation fees and capital contributions included on Part VIII, line 12		*		and the same
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				-
1	Section 501(c)(12) organizations. Enter:		3	\$ c	-
а	Gross income from members or shareholders	3 10		Š,	-
b	Gross income from other sources (Do not net amounts due or paid to other sources	٠,			1
	against amounts due or received from them)		<u></u> à_		· here
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ	7
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	4	÷.		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	3	<u> </u>	1
а	is the organization licensed to issue qualified health plans in more than one state?	13a	-	 	7
	Note. See the instructions for additional information the organization must report on Schedule O.	- 30 manin	***** ***	~	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	; • ¥•	,,,	- %	del-A-
_		[∙ ₹]			
	Enter the amount of reserves on hand	14a		X	_
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a		 	-

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7th for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, of Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> <u>16</u>	1 1		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2_		<u>x</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			х
	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 governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? 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			
, a	of the governing body?	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	_7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
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			х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Code	1	
<u>occii</u>	on b. I oncies (This occion b requests information about policies not required by the internal Nevenue	0000	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a		<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
13	describe in Schedule O how this is done	13	Х	
14	Does the organization have a written whistleblower 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
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			v
_	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?	16h		
Sect	ion C. Disclosure	IOD		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ NJ,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):	only)		
. •	available for public inspection. Indicate how you make these available. Check all that apply.	····		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	rest		
	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 ► AUGUSTINE ANFUSO 22 MAGRUDER DRIVE FORT HANCOCK, NJ 07732	ne		
	organization August The Antoso 22 MAGRODER DRIVE FORT MANCOCK, NO 07732	- 		

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

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

x

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

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

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

Check this box if neither the organization no	ed organization compensated any current officer, director, or trustee.									
(A) Name and Title ATTACHMENT 1	(B) Average hours per week (describe hours for related organizations in Schedule O)	Individual tru or director		-	Key employee	at Highest compensated	y) Former	(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
(1) DENNIS KEARNEY								_		
CHAIRPERSON	1.00	Х		Х				0.	0.	0
VICE CHAIRPERSON	1.00	x		x				0.	0.	0
(3) DR. PETER STRAUB TRUSTEE	1.00	х						0.	0.	. 0
(4) DR. DONALD H. SEBASTIAN TRUSTEE	1.00	х						0.	0.	. 0
(5) TONY MACDONALD TRUSTEE	1.00							0.	0	0
(6) DR. MICHAEL S. BRUNO TRUSTEE	1.00							0.	0.	0
(7) DR. ROBERT PREZANT TRUSTEE	1.00	х						0.	0.	0
(8) DR. KEITH COOPER TRUSTEE	1.00	х						0.	0.	0
(9) GREGORY T. AIKINS TRUSTEE	1.00	х						0.	0.	. 0
(10)PAUL G. GAFFNEY, II TRUSTEE	1.00	х						0.	0.	0
(11)CHRISTOPHER ZEPPIE TRUSTEE	1.00	х						0.	0	0
TRUSTEE	1.00	х						0.	0	0
(13)DR. RICHARD LUTZ TRUSTEE	1.00	х						0.	0.	. 0
(14)DR. DAVID SPANG TRUSTEE	1.00	х						0.	0	. 0
(15)CLAIRE ANTONUCCI EXECUTIVE DIRECTOR	40.00			x				84,502	. 0	14,798
(16)DEBORAH MEEHAN CORPORATE SECRETARY	40.00			x				52,544	0	

Form 990 (2010)

(18) (19) (20) (21) (22) (23)	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
Color Colo	ated nt of											
(18) (19) (20) (21) (22) (23) (24) (25)	sation the zation lated											
(20) (21) (22) (23) (24) (25)												
(21) (22) (23) (24) (25)	18)											
(21) (22) (23) (24) (25) (26)	19)											
(22) (23) (24) (25) (26)	20)											
(23) (24) (25) (26)												
(24) (25) (26)												
(25)												
(26)	24)											
(27)												
(28)												
1b Sub-total 137,046. 0. 22 c Total from continuation sheets to Part VII, Section A	2,546.											
d Total (add lines 1b and 1c)	546.											
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	es No											
employee on line 1a? If "Yes," complete Schedule J for such individual	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	x											
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	x											
Section B. Independent Contractors												
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization.	f											
(A) (B) (C) Name and business address Description of services Compensation	on											
	,											
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	7. V.											

Par	t VĮII	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
ifts, grants r amounts	b	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d	38,000.				
Contributions, gifts, grants and other similar amounts	d e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1,722,379. 22,393.				3
	g h	Noncash contributions included in lines 1a-1f \$	<u>.</u> . >	1,782,772.		Si Si	
Revenue	2a b	EDUCATIONAL PROGRAM REVENUE	900099	209,764.	209,764.		
Program Service Revenue	c d						
Progra	f g	All other program service revenue Total. Add lines 2a-2f		209,764.	*	1% 2 : \$4	
	3	Investment income (including dividends, interestment amounts). ATTACHMENT Income from investment of tax-exempt bond	rest, and 2 Proceeds	7,351. 0.			7,351.
	5 6a	Royalties · · · · · · · · · · · · · · · · · · ·	(II) Personal	J.			,
	c d	Rental income or (loss)		0.			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis	3,714.				
	c d	Gain or (loss)	-2,786.	-2,786.			
Other Revenue	8a	events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
Ę	b c	Less. direct expenses		0.		<u> </u>	
J	9a	Gross income from gaming activities See Part IV, line 19	1	Y			
	b c	Less direct expenses		0.			
		Gross sales of inventory, less returns and allowances		,			
		Less cost of goods sold					
	11a	OTHER INCOME	900099	21,344.	21,344.		
	b						
	٥	All other revenue					
	d e	Total. Add lines 11a-11d		21,344.			
	12	Total revenue. See instructions			231,108.		7,351.

Part IX Statement of Functional Expenses

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

	All other organizations must complete to include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D). (D) Fundraising expenses
1 0	Grants and other assistance to governments and			5-10-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	
	organizations in the U.S. See Part IV, line 21	802,088.	802,088.		
	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3 (Grants and other assistance to governments,	_			
	organizations, and individuals outside the				
	J.S See Part IV, lines 15 and 16	0.	:		
	Benefits paid to or for members	0.			
	Compensation of current officers, directors,				
	rustees, and key employees	169,671.	169,671.	0.	0.
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
	Other salanes and wages	672,217.	509,999.	162,218.	
	Pension plan contributions (include section 401(k)			,	
	and section 403(b) employer contributions)	32,816.	25,861.	6,955.	
	Other employee benefits	96,545.	77,769.	18,776.	
	Payroll taxes	67,183.	53,757.	13,426.	
	Fees for services (non-employees)	,		,	
	· · · · · · · · · · · · · · · · · · ·	0.			
	Management	0.			
	· ·	26,200.		26,200.	
	Accounting	0.			
	- ۲	0.			
	Professional fundraising services. See Part IV, line 17 Investment management fees	0.			
		72,809.	55,117.	17,692.	
_	Other	5,697.	5,697.	11,052.	
	Advertising and promotion	93,257.	69,907.	23,350.	
	Office expenses	0.	03/3071	23,330.	
	Information technology	0.	-		
	Royalties	70,008.		70,008.	
	Occupancy	0.		70,000.	
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
		31,819.	27,224.	4,595.	
	Conferences, conventions, and meetings	0.	21,224.	3,333.	-
	Interest	0.			
	Payments to affiliates	78,041.	73,720.	4,321.	
	Depreciation, depletion, and amortization	0.	73,720.	4,321.	
	Insurance	0.			
	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
	· · · · · · · · · · · · · · · · · · ·	10,000.	10 000		
-	PLEET COSTS DUES AND SUBSCRIPTIONS	5,751.	10,000.	5,212.	0.
	WARDS	3,300.	3,300.		0.
	MISCELLANEOUS	4,880.		0.	0.
	REPAIRS AND MAINTENANCE	3,245.	4,880.		
•				2,680.	0.
	All other expenses	61,313.	61,313.	255 433	0.
	Total functional expenses. Add lines 1 through 24f	2,306,840.	1,951,407.	355,433.	0.
	Joint Costs. Check here ▶ if following SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
JSA 1052 1 0	campaign and fundraising solicitation				

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Part X	Balance Sheet			
•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	24,406.	1	36,176.
2	Savings and temporary cash investments	1,173,629.	2	1,147,393.
3	Pledges and grants receivable, net	297,405.	3	242,502
4	Accounts receivable, net	79,023.	4	8,585.
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)), persons			
	described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
	section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	6		
Assets 8	Notes and loans receivable, net		7	-
8 88	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	39,200.	9	42,094.
10a	Land, buildings, and equipment. cost or			
	other basis. Complete Part VI of Schedule D 10a 1,335,837.			
6	Less: accumulated depreciation	1,062,277.	10c	981 , 450.
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	<u> </u>
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,675,940.		2,458,200.
17	Accounts payable and accrued expenses	137,264.		161,107.
18	Grants payable		18	
19	Deferred revenue	42,421.		89,233.
20	Tax-exempt bond liabilities		20	
ဖွ 21	Escrow or custodial account liability. Complete Part IV of Schedule D	···· ·	21	
Ciabilities 22	Payables to current and former officers, directors, trustees, key			
ë	employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	179,685.	25	250,340.
26	Total liabilities. Add lines 17 through 25	1/9,005.	26	230,340.
s မိသ	Organizations that follow SFAS 117, check here $ ightharpoonup$ and complete lines 27 through 29, and lines 33 and 34.			
<u>E</u> 27	Unrestricted net assets	2,496,255.	27	2,207 <u>,</u> 860.
8 28	Temporarily restricted net assets		28	
[29	Permanently restricted net assets		29	
or Fund Balances	Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
ష్ట్ 30	Capital stock or trust principal, or current funds		30	
Net Assets 33 33 33	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	2,496,255.	33	2,207,860.
34	Total liabilities and net assets/fund balances	2,675,940.	34	2,458,200.

Form **990** (2010)

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)			445.
2	Total expenses (must equal Part IX, column (A), line 25)	2,3	06,	840.
3	Revenue less expenses. Subtract line 2 from line 1			395.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2,4	96,	255.
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	2,2	07,	860.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			•
			Yes	No
1	Accounting method used to prepare the Form 990: CashX 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?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	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 separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1
Ja	the Single Audit Act and OMB Circular A-133?	3a	x	
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.	3b	X	<u> </u>

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number NEW JERSEY SEA GRANT CONSORTIUM, INC. 23-7025812 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c [Type II Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 organization in organization organization in the organization support col (i) listed in above or IRC section in col (i) of col (i) organized your governing (see instructions)) your support? in the US? document? Yes Yes No Yes No No (A) (B) (C) (D) (E)

Form 990 or 990-EZ.

For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,274,604.	2,502,785.	1,830,274.	2,045,187.	1,782,772.	10,435,622.			
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	2,274,604.	2,502,785.	1,830,274.	2,045,187.	1,782,772.	10,435,622.			
5	The portion of total contributions by each			52						
	person (other than a governmental unit or	, 4 %.	1.00			4				
	publicly supported organization) included					-19-12 mod				
	on line 1 that exceeds 2% of the amount		4)							
	shown on line 11, column (f)		* } '\'			S (1) (1) (1)				
6	Public support. Subtract line 5 from line 4	- 4			11.7	5.40.	10,435,622.			
Sec	tion B. Total Support			 						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4	2,274,604.	2,502,785.	1,830,274.	2,045,187.	1,782,772.	10,435,622.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102,396.	49,484.	20,484.	12,405.	7,351.	192,120.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	102,330.	17,101.	20,303.	12,403.	7,331.	132,120.			
10	Other income Do not include gain or loss from the sale of capital assets	35,756.	47,027.	80,369.	42,316.	21 244	225 812			
	(Explain in Part IV) . ATCH 1	33,730.	47,027.	44	42,310.	21,344.	226,812.			
11	Total support. Add lines 7 through 10		l	* -	· · · · · · · · · · · · · · · · · · ·	42	1,036,240.			
12	Gross receipts from related activities, etc. (s	•				12				
13	First five years. If the Form 990 is forganization, check this box and stop here									
Sec	tion C. Computation of Public Sup						• • • • • • • • • • • • • • • • • • • •			
14	Public support percentage for 2010 (li			11 column (f)		14	96.14%			
15	Public support percentage from 2009	•				15	95.53%			
	331/3% support test - 2010. If the o									
	this box and stop here . The organization									
b	331/3% support test - 2009. If the c									
_	check this box and stop here. The organization	-								
17a	10%-facts-and-circumstances test - 2	-	• •							
	or more, and if the organization me	_								
	Part IV how the organization meets t			-		•	•			
	organization			_	•	•	▶ □			
b	10%-facts-and-circumstances test - 2						and line			
-	15 is 10% or more, and if the orga		-							
	Explain in Part IV how the organization				-		•			
	supported organization				•	•				
18	Private foundation. If the organization instructions	on did not ched	ck a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see			
		· · · · · · · · · · · ·				Schedule A /Form 9				

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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			<u> </u>		r· "- 1	
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants ")						
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						
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						
7 a	Amounts included on lines 1, 2, and 3				İ		
	received from disqualified persons						
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				<u> </u>	1	
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				\$ *		
•	line 6)				l ×		
Sec	tion B. Total Support		·	l.,	1		
	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	, , , 1	(4, 2000	(3) = 001	(0,2000	(0, 2000	(4) = 3.3	(1)
9	Amounts from line 6						
ıva	payments received on securities loans,						
	rents, royalties and income from similar				i	,	
	sources		<u> </u>				
b	Unrelated business taxable income (less					<u> </u>	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business		1				
	activities not included in line 10b,						
	whether or not the business is regularly						
4.2	Carried on	-					
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)						
12	Total support. (Add lines 9, 10c, 11,			<u> </u>			
13	• • •						
	and 12)	46	J	thurd founth or	fifth toy your	n a continu FO1	(0)(2)
14	First five years. If the Form 990 is for	_					
	organization, check this box and stop here			· · · <u>· · · · · · · · · · · · · · · · </u>			
	tion C. Computation of Public Sur			(0)		T	
15	Public support percentage for 2010 (line 8					15	
16	Public support percentage from 2009 Scho				· · · · · · · · · · · ·	16	%_
Sec	tion D. Computation of Investmen					1	
17	Investment income percentage for 2010 (li					17	<u></u> %
18	Investment income percentage from 2009	Schedule A, Part	III, line 17			18	%
19a	331/3% support tests - 2010. If the or					re than 331/3%,	and line
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2009. If the orga						
_	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						
~ 0		2:2 ::2: 0::00K		, ,	.,		

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See

SCHEDULE A, PART II	- OTHER INCO	ME		É	ATTACHMENT 1	
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
OTHER INCOME	35,756.	47,027.	80,369.	42,316.	21,344.	226,812.
TOTALS	35,756.	47,027.	80,369.	42,316.	21.344.	226,812.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NEW	JERSEY SEA GRANT CONSORTIUM, INC	•	23-7025812
Par	Organizations Maintaining Donor Advorganization answered "Yes" to Form 9	ised Funds or Other Similar Funds or 1900, Part IV, line 6.	Accounts. Complete if the
		(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 a	dvisors in writing that the assets held in do	onor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal control? .	Yes No
6	Did the organization inform all grantees, donors, a		
	used only for charitable purposes and not for the t		
	purpose conferring impermissible private benefit?		Yes No
Par			orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., recr	reation or education) Preservation o	of an historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld 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
а	Total number of conservation easements		
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c		
	historic structure listed in the National Register		
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or termin	ated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy regard		1 1 1
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation eas	sements during the year
_			
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation easeme	nts during the year
•	> \$	- 2/d) - b	470/h)/4)/D)
8	Does each conservation easement reported on lin		
^	(i) and 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text		· · ·
	organization's accounting for conservation easeme		da statements that describes the
Par	3		r Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958) not to report in its	revenue statement and halance sheet
14	works of art, historical treasures, or other similar	ar assets held for public exhibition, edu	ication, or research in furtherance of
_	public service, provide, in Part XIV, the text of the f		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil public service, provide the following amounts relative		ication, or research in furtherance or
	(i) Revenues included in Form 990, Part VIII, line	=	▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
-	following amounts required to be reported under s		
а	Revenues included in Form 990, Part VIII, line 1.		
b	Assets included in Form 990, Part X		
_	aperwork Reduction Act Notice, see the Instructions fo		Schedule D (Form 990) 2010

Sched	Iule D (Form 990) 2010			2	23-70	25812			Page 2
Par	t III Organizations Maintainir	ng Collection	ons of Art, Histo	rical Treasure	s, or (Other Simila <u>r</u> A	ssets (continued)	
3	Using the organization's acquisition collection items (check all that apply		, and other record	ds, check any	of the	following that a	re a sig	nificant use	of its
а	Public exhibition		d [Loan or e	xchang	ge programs			
b	Scholarly research		e	Other					
С	Preservation for future ger	nerations		J					
4	Provide a description of the organ		lections and expla	in how they fu	urther t	the organization's	s exemp	t purpose in	Part
	XIV.								
5	During the year, did the organization	n solicit or re	eceive donations o	f art, historical t	reasur	es, or other simila	ar		
	assets to be sold to raise funds rathe	er than to be	maintained as pa	rt of the organiz	zation's	s collection? · · ·	[Yes	No
Par	t IV Escrow and Custodial Ar	rangement	s. Complete if the	ne organizatio	n ansv	wered "Yes" to I	Form 99	90, Part IV,	
	line 9, or reported an am								
1 a	Is the organization an agent, trustee			-			_		٦
	included on Form 990, Part X?				• • •		[Yes	No
b	If "Yes," explain the arrangement in	Part XIV and	complete the foll	owing table:					
	_				-	Ai	mount	-	
	Beginning balance								
d	Additions during the year								
e	Distributions during the year							- · · · -	
	Ending balance								T
	Did the organization include an amo		n 990, Part X, line	21?	• • •		[Yes	No
	If "Yes," explain the arrangement in					OO Dort IV line	10		
Par	t V Endowment Funds. Com				_			(e) Four years	. b l
10	Paginging of year balance	(a) Current y	ear (b) Prior ye	ar (C) (WO y	ears bac	(u) Three yea	ITS DACK	(e) Four years	Dack
	Beginning of year balance Contributions								
	Net investment earnings, gains,		-					-	
Ç	and losses			ł					
А	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·		 					
	Other expenditures for facilities .							 	
·	and programs					-		1	
f	Administrative expenses								
a	End of year balance							 	
2	Provide the estimated percentage of	of the year e	nd balance held as:					1	
– a	Board designated or quasi-endowm	-							
b	Permanent endowment ▶	~							
		%							
	Are there endowment funds not in	the possess	on of the organiza	ition that are he	eld and	administered for	the		
	organization by:	•	J					Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related org	anızations lıs	ted as required on	Schedule R? .				3b	
4	Describe in Part XIV the intended u	ses of the or	ganization's endov	wment funds					
Pai	rt VI Land, Buildings, and Equ	ipment. Se	e Form 990, Pa	rt X, line 10.					
	Description of investment	(8	a) Cost or other basis (investment)	(b) Cost or other to (other)	basis	(c) Accumulated depreciation	(d) Book value	
1a	Land								
b	Buildings	[
С	Leasehold improvements	[1,157,8		192,088	•	965,	
d	Equipment	[156,0		140,429	,	15,	651.
	Other			21,		0			
Tota	al. Add lines 1a through 1e. (Column	(d) must equ	ual Form 990, Part	X, column (B), li	ine 10(c).) ▶		981,	450.

Part VII	Investments - Other Securities. See	Form 990, Part X, line	e 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
(1) Financi	al derivatives		
	-held equity interests		
(3) Other_			
<u>(B)</u>		_	
(C)		_	
<u>(D)</u>		_	
(E) (F)		-	
(G)			
<u>(H)</u>		-	
\(\)		-	
	nn (b) must equal Form 990, Part X, col (B) line 12)	>	· · · · · · · · · · · · · · · · · · ·
Part VIII		Form 990, Part X, line	e 13
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	· · · · · · · · · · · · · · · · · · ·		
(8)			
(10)			
	nn (b) must equal Form 990, Part X, col (B) line 13)	>	
Part IX	Other Assets. See Form 990, Part X		
	,	(a) Description	(b) Book value
(1)			
(2)			
_(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(10)			-
	nn (b) must equal Form 990, Part X, col (B) line 15)		>
Part X	Other Liabilities. See Form 990, Par		
1.	(a) Description of liability	(b) Amount	
(1) Fede	eral income taxes		
(2)			
(3)			
_(4)			
_(5)	- 		
_(6)			
(7)			
_(8)			
(9)			
(10)			
(11)	imp (h) must equal Form 000. Port V and (D) time	25)	
	mn (b) must equal Form 990, Part X, col (B) line		the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

23-7025812 Schedule D (Form 990) 2010

Part	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nant		1 age 4
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	• 	2,018,445.
1.	Total expenses (Form 990, Part VIII, column (A), line 25)	2	 	2,306,840.
2		3	<u> </u>	-288,395.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4		200,333.
4	Net unrealized gains (losses) on investments		╁	
5	Donated services and use of facilities	5	-	
6	Investment expenses	6		
7	Prior period adjustments	7	<u> </u>	
8	Other (Describe in Part XIV.)	8	<u> </u>	
9	Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	9		-288,395.
10	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ref		<u> </u>	-200,393.
			<u>.</u> T	2,018,445.
1	Total revenue, gains, and other support per audited financial statements	· • ⊢	1	2,010,443.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ŀ		
a	Net unrealized gains on investments		ł	
b	Donated services and use of facilities		İ	
C	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
_	Add lines 2a through 2d		2e	2,018,445.
3	Subtract line 2e from line 1		3	2,010,443.
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			
b	Other (Describe in Part XIV.)		.	
	Add lines 4a and 4b	• • ⊢	4c	2,018,445.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	2,010,443.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R			2,306,840.
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •	1	2/300/040.
2				
_				
b		\neg		
G C				
d e	`	_	2e	
3	Add lines 2a through 2d Subtract line 2e from line 1	· • ⊢	3	2,306,840.
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			
		\dashv		
C	Other (Describe in Part XIV.) Add lines 4a and 4b	_	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).		5	2,306,840.
	XIV Supplemental Information	· • I	<u> </u>	
Compl Part V,	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also completional information.			
SEE	PAGE 5			

Page 5

FIN 48

SCHEDULE D, PART X

NEW JERSEY SEA GRANT CONSORTIUM, INC. IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR FEDERAL INCOME TAXES. NEW JERSEY SEA GRANT CONSORTIUM, INC. HAS NO UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2011 OR 2010. THERE ARE NO OPEN TAX YEARS PRIOR TO 2007. IN ADDITION, THERE WAS NO INTEREST OR PENALTIES RELATED TO INCOME TAXES INCLUDED IN THE FINANCIAL STATEMENTS.

SCHEDULE (Form 990) Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public

► Attach to Form 990.

Inter	ntemal Revenue Service	nonandem in	
Name	Name of the organization	Employer identification number	
NEV	NEW JERSEY SEA GRANT CONSORTIUM, INC.	23-7025812	
Pa	Part I General Information on Grants and Assistance		
-	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	
	the selection criteria used to award the grants or assistance?	X Yes	Š
7	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		

Part II	Part Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Earn 600 Part IV line 21 for any recipient that received more than \$5,000. Part	vernments	and Organizat	ions i	in the L	Jnited C	States eck thi	Com	plete i	the org	anizatic	s and Organizations in the United States. Complete if the organization answered "Yes" to at received more than \$5,000. Check this box if no one recipient received more than \$5,000.	es" to 35.000. Part	
			50.	2	2	5				. L			4	
	Il can de duplicated il additional space is needed	e is needed		:	:	•								
,									711 197	thad of walter	400		animalous de material (d)	

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RUIGERS UNIVERSITY 3 RUIGERS PLAZA NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	267,548.	0.	PMV	N/A	RESEARCH PROJECT
CASTLE POINT ON HUDSON HOBOKEN, NJ 07030	22-1487354	501(C)(3)	73,057.	.0	VMT	N/A	RESEARCH PROJECT
PO BOX 195 POMONA, NJ 08240	22-2832788	501(C)(3)	27,734.	.0	FMV	N/A	RESEARCH PROJECT
(4) NEW JERSEY DEPARTMENT OF TRANSPORTATION 1035 PARKWAY AVENUE TRENTON, NJ 08625	21-6000928	N/A	142,614.	0.	FMV	N/A	RESEARCH PROJECT
(5) NATIONAL FISH AND WILDLIFE FOUNDATION 1133 FIFTEENTH STREET, N.W., SUITE 1100	52-1384139	501(C)(3)	72,158.	0.	PMV	N/A	RESTORATION PROGRAM
(6) ACADEMY OF NATURAL SCIENCES 1900 BENJAMIN FRANKLIN PARKWAY	23-1352000	501(C)(3)	22,000.	0.	FWV	N/A	RESEARCH PROJECT
(7) NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROT 401 EAST STATE STREET TRENTON, NJ 08608	21-6000928	N/A	72,367.	.0	FMV	N/A	ENVIRONMENTAL PROTEC
(8) GEORGIAN COURT UNIVERSITY 900 LAKEWOOD AVENUE LAKEWOOD, NJ 08701	21-0634981	501(C)(3)	107,062.	0.	FMV	N/A	RESEARCH PROJECT
300 POMPTON ROAD WAYNE, NJ 07470	22-2781603	501(C)(3)	16,428.	.0	FWV	N/A	RESEARCH PROGRAM
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations	overnment o	rganızations					10.

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3:27:26 PM V 10-8.3

Schedule I (Form 990) (2010)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	Part III can be duplicated II additional space is reeded	ce is liceded.				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
, e						
4						
<u>ئ</u>						
မ						
~						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	is part to prov	ide the informa	tion required in	Part I, line 2, and an	γ other additional information.

GRANT MONITORING

NEW JERSEY SEA GRANT CONSORTIUM, INC'S CURRENT PROCEDURE FOR

1.) VERIFY THAT REIMBURSEMENT OF SUB-RECIPIENT EXPENSES IS AS FOLLOWS: SUFFICIENT FUNDS ARE AVAILABLE FOR REIMBURSEMENT (INSTANCES HAVE OCCURRED

WHERE INVOICES WERE RETURNED BECAUSE THE REQUESTED REIMBURSEMENT WAS MORE

THAN THE AVAILABLE FUNDS) 2.) CONFIRM WITH NEW JERSEY SEA GRANT

CONSORTIUM, INC. MANAGEMENT THAT ALL PROGRESS REPORTING IS CURRENT. 3.)

CHECK THAT SUB-RECIPIENT'S ACCOUNT NUMBER AND INVOICE NUMBER MATCHES AND

FOLLOWS PROPER SEQUENCING (THIS INSURES THAT WE HAVE RECEIVED ALL PREVIOUS

INVOICES) 4.) ON INVOICES MARKED "FINAL", REIMBURSEMENT IS NOT MADE UNTIL

Schedule I (Form 990) (2010)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2010) Part III

Part III can be duplicated if additional space is fleeded	e is rieeded.	20 V C C C C C C C C C C C C C C C C C C	to torrough (b)	dood) materilar to bottott (a)	(A Decrintion of non-cash assistance
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount or cash grant	(a) Amount of non-cash assistance	(e) Method of Valuation (book, FMV, appraisal, other)	(I) Description of non-kash assistance
Supplemental Information. Complete this part to	s part to prov	vide the informat	tion required in	Part I, line 2, and any	provide the information required in Part I, line 2, and any other additional information.

THE FINAL PROGRESS REPORT IS RECEIVED AND APPROVED BY NEW JERSEY SEA

GRANT CONSORTIUM, INC. MANAGEMENT OR 10 PERCENT OF THE INVOICE AMOUNT IS

HELD PER OUR SUBCONTRACT UNTIL THE FINAL REPORT IS RECEIVED.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2010 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

NEW JERSEY SEA GRANT CONSORTIUM, INC.

Employer identification number

23-7025812

COMPENSATION DETERMINATION

PART VI, SECTION B, LINE 15

THE CHAIRMAN OF THE BOARD OF TRUSTEES (AN INDEPENDENT PERSON) DETERMINES SALARIES AND THEN PRESENTS THE SALARIES TO THE EXECUTIVE COMMITTEE FOR REVIEW. SALARIES ARE BASED ON COMPARABILITY DATA WITH OTHER SEA GRANT OFFICES AND SIMILAR LEVELS IN ACADEME REGIONALLY BASED ON INFORMATION THAT THE CHAIRMAN IS SUPPLIED WITH. THE CHAIRMAN WILL ANNUALLY REVIEW INDEPENDENT PEER SALARY INFORMATION READILY AVAILABLE FROM NATIONAL SEA GRANT OFFICE AND ACADEMIC SURVEYS ALONG WITH PERFORMANCE AND AFFORDABILITY AS APPROPRIATE TO ADJUST AND DETERMINE SALARY.

REVIEW OF FORM 990

PART VI, SECTION B, LINE 11

THE FORM 990 WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN REVIEWED EXTERNALLY BY THE CHAIRMAN OF THE BOARD OF TRUSTEES AND PROVIDED TO ALL BOARD MEMBERS. IT WILL BE SIGNED BY THE PRESIDENT.

DOCUMENT AVAILABILITY TO PUBLIC

PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE

HOURS DEVOTED FOR RELATED ORGANIZATION

Schedule O (Form 990 or 990-EZ) 2010		Page 2
Name of the organization	_	Employer identification number
NEW JERSEY SEA GRANT CONSORTIUM, INC	C	23-7025812
		ATTACHMENT 1 (CONT'D)
DENNIS KEARNEY		
CHAIRPERSON	0.00	
DR. HOWARD PARISH		
VICE CHAIRPERSON	0.00	
DR. PETER STRAUB		
TRUSTEE	0.00	
DR. DONALD H. SEBASTIAN	0.00	
TRUSTEE	0.00	
TONY MACDONALD	0.00	
TRUSTEE	0.00	
DR. MICHAEL S. BRUNO	0.00	
	0.00	
TRUSTEE	0.00	
DR. ROBERT PREZANT	0.00	
TRUSTEE	0.00	
DR. KEITH COOPER	0.00	
TRUSTEE	0.00	
GREGORY T. AIKINS	0.00	
TRUSTEE	0.00	
PAUL G. GAFFNEY, II		
TRUSTEE	0.00	
CHRISTOPHER ZEPPIE		
TRUSTEE	0.00	
THOMAS R SIEGERT		
TRUSTEE	0.00	
DR. RICHARD LUTZ		
TRUSTEE	0.00	
DR. DAVID SPANG		
TRUSTEE	0.00	
CLAIRE ANTONUCCI		
EXECUTIVE DIRECTOR	0.00	
DEBORAH MEEHAN		
CORPORATE SECRETARY	0.00	
FORM 990, PART VIII - INVESTMENT IN	COME	ATTACHMENT 2
	, 	
	(A) (B)	(C) (D)
	TOTAL RELATED OR	UNRELATED EXCLUDE
DESCRIPTION	REVENUE EXEMPT REVENUE	BUSINESS REV. REVENUE
INTEREST INCOME	7,351.	7,351.
		, , , , , ,
TOTALS	7,351.	7,351.
		=

Employer Identification number 23-7025812 ATTACHMENT 3	Schedule O (Form 990 or 990-EZ) 2010		Page 2
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES BEGINNING BOOK VALUE INVENTORY - GIFT SHOP 4,794. 3,740. PREPAID INSURANCE 34,406. 38,354. TOTALS 39,200. ATTACHMENT 3 ATTACHMENT 3 ATTACHMENT 4 FORM 990, PART X - DEFERRED REVENUE BEGINNING ENDING BOOK VALUE BEGINNING BOOK VALUE	Name of the organization	-	Employer identification number
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES BEGINNING BOOK VALUE INVENTORY - GIFT SHOP 4,794. 3,740. PREPAID INSURANCE 34,406. 38,354. TOTALS 39,200. ATTACHMENT 4 FORM 990, PART X - DEFERRED REVENUE BEGINNING ENDING BOOK VALUE BEGINNING BOOK VALUE BOOK VALUE BEGINNING BOOK VALUE BOOK VALUE BOOK VALUE	NEW JERSEY SEA GRANT CONSORTIUM, INC.		
DESCRIPTION BEGINNING BOOK VALUE INVENTORY - GIFT SHOP 4,794. 3,740. PREPAID INSURANCE 34,406. 38,354. TOTALS 39,200. ATTACHMENT 4 FORM 990, PART X - DEFERRED REVENUE DESCRIPTION BEGINNING BOOK VALUE BOOK VALUE BEGINNING BOOK VALUE BOOK VALUE BOOK VALUE BEGINNING BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE			ATTACHMENT 3
DESCRIPTION BEGINNING BOOK VALUE INVENTORY - GIFT SHOP 4,794. 3,740. PREPAID INSURANCE 34,406. 38,354. TOTALS 39,200. ATTACHMENT 4 FORM 990, PART X - DEFERRED REVENUE DESCRIPTION BEGINNING BOOK VALUE BOOK VALUE BEGINNING BOOK VALUE BOOK VALUE BOOK VALUE BEGINNING BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE			
DESCRIPTION BOOK VALUE BOOK VALUE 1NVENTORY - GIFT SHOP 4,794. 3,740. PREPAID INSURANCE 34,406. 38,354. TOTALS 39,200. ATTACHMENT 4 FORM 990, PART X - DEFERRED REVENUE DESCRIPTION BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BEGINNING BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE	FORM 990, PART X - PREPAID EXPENSES AND	DEFERRED CHARGES	
DESCRIPTION BOOK VALUE BOOK VALUE 1NVENTORY - GIFT SHOP 4,794. 3,740. PREPAID INSURANCE 34,406. 38,354. TOTALS 39,200. ATTACHMENT 4 FORM 990, PART X - DEFERRED REVENUE DESCRIPTION BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE		BEGINNING	ENDING
INVENTORY - GIFT SHOP 4,794. 3,740. PREPAID INSURANCE 34,406. 38,354. TOTALS 39,200. ATTACHMENT 4 FORM 990, PART X - DEFERRED REVENUE DESCRIPTION BEGINNING BOOK VALUE BOOK VALUE DEFERRED REVENUE 42,421. 89,233.	DESCRIPTION		
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	DESCRIPTION	DOOK ANDE	BOOK VALUE
	DEFERRED REVENUE	42.421	89.233.
TOTALS $42.421.$ $89.233.$,	5,255.
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