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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Department of the Treasury
Internal Revenue Service

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

- Sponsoring organizations of donor advised funds, 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

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning

, 2012, and ending

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

MANASQUAN RIVER MARLIN AND TUNA CLUB

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

POST OFFICE BOX 251

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

BRIELLE

NJ 08730

D Employer identification number

22-2183080

E Telephone number

(732) 974-2200

F Group Exemption
NumberG Accounting Method Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (7) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 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

L 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 ► \$ 183,701.

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

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

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 34,050.
4 Investment income	4 52.
5 a Gross amount from sale of assets other than inventory	5 a
b Less cost or other basis and sales expenses	5 b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6 Gaming and fundraising events	6 a
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	of contributions
c Less direct expenses from gaming and fundraising events	6 b 149,599.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 c 142,767.
7 a Gross sales of inventory, less returns and allowances	7 a
b Less cost of goods sold	7 b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8 Other revenue (describe in Schedule O)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 40,934.
10 Grants and similar amounts paid (list in Schedule O)	See L-10 Stmt
11 Benefits paid to or for members	10 9,000.
12 Salaries, other compensation, and employee benefits	11
13 Professional fees and other payments to independent contractors	12
14 Occupancy, rent, utilities, and maintenance	13 935.
15 Printing, publications, postage, and shipping	14 1,974.
16 Other expenses (describe in Schedule O)	15 1,809.
17 Total expenses. Add lines 10 through 16	16 4,233.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 17,951.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	18 22,983.
20 Other changes in net assets or fund balances (explain in Schedule O)	19 138,907.
21 Net assets or fund balances at end of year Combine lines 18 through 20	20
	21 161,890.

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

Form 990-EZ (2012)

SCANNED

AUG 01 2013

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S

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)
 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
138,907.	22 161,890.
0.	23 0.
0.	24 0.
138,907.	25 161,890.
0.	26 0.
138,907.	27 161,890.

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 INCOME FROM SPORTFISHING TOURNAMENTS ARE PROVIDED AS SCHOLARSHIPS TO STUDENTS IN THE OCEANOGRAPHY AND ENVIRONMENTAL FIELDS.
 (Grants \$) If this amount includes foreign grants, check here

28 a

29 _____
 (Grants \$) If this amount includes foreign grants, check here

29 a

30 _____
 (Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (describe in Schedule O)
 (Grants \$) If this amount includes foreign grants, check here

31 a

32 **Total program service expenses** (add lines 28a through 31a)

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 Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter 0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>MICHAEL BENTI</u> ----- TRUSTEE	1.00	0.	0.	0.
<u>RALPH MUNSIE</u> ----- TRUSTEE	1.00	0.	0.	0.
<u>JOHN MULY</u> ----- PAST PRESIDENT	2.00	0.	0.	0.
<u>KEN WARCHAL</u> ----- VP	1.00	0.	0.	0.
<u>LENNY SMITH</u> ----- TRUSTEE	0.00	0.	0.	0.
<u>JOE OLES</u> ----- SEC	0.00	0.	0.	0.
<u>DAN BURNS</u> ----- PRESIDENT	2.00	0.	0.	0.
<u>JOSEPH DALIK</u> ----- TRUSTEE	0.00	0.	0.	0.
<u>JACK NOVACK</u> ----- TRUSTEE	0.00	0.	0.	0.
<u>JIM CARTON</u> ----- TRUSTEE	2.00	0.	0.	0.
<u>BUTCH KROSS</u> ----- TRUSTEE	0.00	0.	0.	0.
<u>JOHN COLLINS</u> ----- TRUSTEE	0.00	0.	0.	0.
<u>STEVE MELLETT</u> ----- TREASURER	0.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract 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 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) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 35c 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 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0. 37b X

b Did the organization file Form 1120-POL for this year? 38a X

38a 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? 38b

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 39a 0. 39b 0.

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 40a

b Gross receipts, included on line 9, for public use of club facilities 40b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ► 40c

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 40d

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 40e

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40g 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** 42b X

Located at ► **PO BOX 251, BRIELLE, NJ ZIP + 4 08730** 42c X

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: ►

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of 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: ► 42d

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 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 44b X

c Did the organization receive any payments for indoor tanning services during the year? 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 44d

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a X

b 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 instructions) 45b X

Supplemental Information Regarding Fundraising or Gaming Activities

2012

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.

Open to Public
Inspection

Name of the organization

Employer identification number

MANASQUAN RIVER MARLIN AND TUNA CLUB

Part IV **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.

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name 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 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>HOLIDAY PARTY</u> (event type)	(b) Event #2 <u>FISHING TOURNAMENTS</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	25,609.	123,990.		149,599.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	25,609.	123,990.		149,599.
DIRECT EXPENSES	4 Cash prizes		94,358.		94,358.
	5 Noncash prizes	5,433.	362.		5,795.
	6 Rent/facility costs	2,500.	2,679.		5,179.
	7 Food and beverages	14,799.	7,215.		22,014.
	8 Entertainment				
	9 Other direct expenses	742.	14,679.		15,421.
	10 Direct expense summary Add lines 4 through 9 in column (d)				142,767.
	11 Net income summary Combine line 3, column (d), and line 10				6,832.

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	Yes _____ % No	Yes _____ % No	Yes _____ % 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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

MANASQUAN RIVER MARLIN AND TUNA CLUB

Employer identification number

22-2183080

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)

INSURANCE	3,430.
SUPPLIES	718.
WEBSITE DESIGN & HOSTING	85.
Total	4,233.

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
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>MIKAELA PROVOST</u> <u>720A VILLAGE DR S</u> <u>NORTH BRUNSWICK NJ 08902</u>	NONE	2,500.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>JAMIE CARIDAD</u> <u>800 C/O 132 GREAT BAY BLVD</u> <u>TUCKERTON NJ 08087</u>	NONE	1,000.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KAYCEE COLEMAN 72 HUNTER CIRCLE DOVER DE 19901	NONE	2,500.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> COURTNEY JANIAK 765 SOLLERS WHARF RD LUSBY MD 20657	NONE	500.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TALIA YOUNG 1212 LATERN SQUARE PHILADELPHIA PA 19107	NONE	2,500.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions MANASQUAN RIVER MARLIN AND TUNA CLUB	Employer identification number (EIN) or 22-2183080
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions POST OFFICE BOX 251	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BRIELLE NJ 08730	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► TAXPAYER

Telephone No ► 1732 974-2200 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15 2013, to file the exempt organization return for the organization named above

The extension is for the organization's return for:

- calendar year 2012 or
- tax year beginning , 20 , and ending , 20

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a \$ <u>0.</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b \$ <u>0.</u>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c \$ <u>0.</u>

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