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# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundations)

OMB No 1545-1150

2013

Department of the Treasury  
Internal Revenue Service

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

<b>A For the 2013 calendar year, or tax year beginning</b>		, 2013, and ending		
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>MANASQUAN RIVER MARLIN AND TUNA CLUB</b> <small>Number and street (or P O box, if mail is not delivered to street address)</small> <b>POST OFFICE BOX 251</b> <small>City or town, state or province, country, and ZIP or foreign postal code</small> <b>BRIELLE</b> <b>NJ</b> <b>08730</b>		<b>D Employer identification number</b> <b>22-2183080</b> <b>E Telephone number</b> <b>(732) 974-2200</b> <b>F Group Exemption Number</b> . . . . .	
<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <b>Other (specify)</b> ► _____				<b>H Check</b> <input checked="" type="checkbox"/> <b>If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>
<b>I Website:</b> ► <u>N/A</u>				
<b>J Tax-exempt status (check only one)</b> — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 7 ) <small>(insert no)</small> <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____				
<b>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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ <b>183,228.</b></b>				

## 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

<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5a</b> <b>5b</b> <b>5c</b>
<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>
<b>3</b> Membership dues and assessments . . . . .	<b>3</b> <b>47,650.</b>
<b>4</b> Investment income . . . . .	<b>4</b> <b>20.</b>
<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>
<b>b</b> Less cost or other basis and sales expenses . . . . .	<b>5b</b>
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>
<b>6</b> Gaming and fundraising events	
<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b> <b>135,558.</b>
<b>c</b> Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b> <b>127,127.</b>
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b> <b>8,431.</b>
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>
<b>b</b> Less cost of goods sold . . . . .	<b>7b</b>
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b> <b>56,101.</b>
<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b> <b>13,000.</b>
<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>
<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>
<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b> <b>935.</b>
<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b> <b>2,112.</b>
<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b> <b>2,617.</b>
<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b> <b>8,524.</b>
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b> <b>27,188.</b>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b> <b>28,913.</b>
<b>19</b> 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) . . . . .	<b>19</b> <b>161,890.</b>
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b> <b>190,803.</b>

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

Form 990-EZ (2013)

SCANNED REVENUE DECEMBER 18 2014

**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 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	161,890.	22 190,803.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)	0.	24 0.
25 Total assets	161,890.	25 190,803.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	161,890.	27 190,803.

**Part III Statement of Program Service Accomplishments (see the instructions 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 <u>INCOME FROM SPORTFISHING TOURNAMENTS ARE PROVIDED AS SCHOLARSHIPS TO STUDENTS IN THE OCEANOGRAPHY AND ENVIRONMENTAL FIELDS.</u>		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 -----		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 -----		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
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> ----- <u>TREASURER</u>	1.00	0.	0.	0.
<u>RALPH MUNSIE</u> ----- <u>TRUSTEE</u>	1.00	0.	0.	0.
<u>KEN WARCHAL</u> ----- <u>SECRETARY</u>	1.00	0.	0.	0.
<u>JOE OLES</u> ----- <u>VICE PRESIDENT</u>	2.00	0.	0.	0.
<u>DAN BURNS</u> ----- <u>PAST PRESIDENT</u>	1.00	0.	0.	0.
<u>JOSEPH DALIK</u> ----- <u>TRUSTEE</u>	0.00	0.	0.	0.
<u>JACK NOVACK</u> ----- <u>TRUSTEE</u>	0.00	0.	0.	0.
<u>JIM CARTON</u> ----- <u>TRUSTEE</u>	0.00	0.	0.	0.
<u>BUTCH KROSS</u> ----- <u>TRUSTEE</u>	0.00	0.	0.	0.
<u>JOHN COLLINS</u> ----- <u>TRUSTEE</u>	0.00	0.	0.	0.
<u>STEVE MELLETT</u> ----- <u>PRESIDENT</u>	2.00	0.	0.	0.
<u>JOHN TIANO</u> ----- <u>TRUSTEE</u>	0.00	0.	0.	0.
<u>CHRISTIAN GUTHRIE</u> ----- <u>TRUSTEE</u>	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 significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O . . . . .

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) . . . . .

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)? . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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

b Did the organization file Form 1120-POL for this year? . . . . .

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? . . . . .

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

39 Section 501(c)(7) organizations. Enter:

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

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

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► ; section 4912 ► ; section 4955 ►

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 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 . . . . .

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. . . . .

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

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. . . . .

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

	Yes	No
33	X	
34	X	
35a	X	
35b		
35c	X	
36	X	
37a		
37b	X	
38a	X	
38b		
39a	0.	
39b	0.	
40b		
40c		
40e		X

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

	Yes	No
42b	X	
42c	X	

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 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 ►

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

	Yes	No
44a	X	
44b	X	
44c	X	
44d		
45a	X	
45b	X	

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .

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 . . . . .

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

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 . . . . .

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

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) . . . . .

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

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II . . . . .

	Yes	No
47		
48		
49 a		
49 b		

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

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

**b** If 'Yes,' was the related organization a section 527 organization? . . . . .  
**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

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

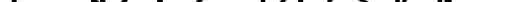
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>	 Signature of officer	11/13/14 Date
	 STEVE MELLET	

Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed
	<b>WILLIAM BARTHORST</b>	<i>W. Barhorst</i>	<b>11/13/14</b>	PTIN
	Firm's name ►	<b>WILLIAM G. BARTHORST, CPA</b>	Firm's EIN ►	
	Firm's address ►	<b>501 BROADWAY, SUITE 301 PT. PLEASANT BEACH</b>	NJ	08742
Phone no			<b>(732) 295-4880</b>	

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

Form 880-EZ (2013)

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

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2013

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.  
► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

## Open to Public Inspection

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**Name of the organization**

MANASQUAN RIVER MARLIN AND TUNA CLUB

**Employer identification number**

22-2183080

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

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

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

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
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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 HOLIDAY PARTY (event type)	(b) Event #2 FISHING TOURNAMENTS (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
		52,100.	83,458.		135,558.
	1 Gross receipts . . . . .				
	2 Less: Charitable contributions . . . . .				
	3 Gross income (line 1 minus line 2). . . . .	52,100.	83,458.		135,558.
DIRECT EXPENSES	4 Cash prizes . . . . .		31,195.		31,195.
	5 Noncash prizes . . . . .	13,233.	4,204.		17,437.
	6 Rent/facility costs . . . . .	6,090.	3,297.		9,387.
	7 Food and beverages . . . . .	27,545.	21,886.		49,431.
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	1,807.	17,870.		19,677.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				127,127.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				8,431.

**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 Noncash 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. Subtract line 7 from line 1, column (d) . . . . .				

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: \_\_\_\_\_

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

b If 'Yes,' explain: \_\_\_\_\_

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility . . . . .	13 a	%
b An outside facility . . . . .	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? \_\_\_\_\_  Yes  No

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

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	7,470.
SUPPLIES	986.
WEBSITE DESIGN & HOSTING	68.
Total	<u>8,524.</u>

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"/> KAYCEE COLEMAN 72 HUNTRY CIRCLE DOVER DE 19901		1,500.

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"/> JAMIE CARIDAD 132 GREAT BAY BLVD TUCKERTON NJ 08087		1,500.

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

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
SCHOLARSHIP	Business . . . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> JENNY PATERNO		
			1,000.

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

Description of Property . . . . .

Date of Gift . . . . .

Book Value	How Book Value Determined		
FMV	How FMV Determined		

## Purpose of Payment . . . . . MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business . . . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> DANIEWL CULLEN		
			1,000.

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

Description of Property . . . . .

Date of Gift . . . . .

Book Value	How Book Value Determined		
FMV	How FMV Determined		

## Purpose of Payment . . . . . MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business . . . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> MATHEW SUSKEY		
			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
SCHOLARSHIP	Business . . . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> MIKAELA PROVOST 720 A VILLAGE DR S NORTH BRUNSWICK NJ 08902		2,000.

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

Description of Property . . . . .

Date of Gift . . . . .

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment . . . . . MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business . . . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> TALIA YOUNG 1212 LANTERN SQUARE PHILADELPHIA PA 19107		2,000.

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

Description of Property . . . . .

Date of Gift . . . . .

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment . . . . . MRMTC SCHOLARSHIP AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business . . . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> CHRISTOPHER FILOSA		2,000.

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
SCHOLARSHIP	Business . . . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> DANA CHRISTENSEN		
			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