



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Part I: For the 2009 calendar year, or tax year beginning, 2009, and ending. Includes fields for Name of organization (SURFERS ENVIRONMENTAL ALLIANCE), Address (754 OCEAN AVE, SEA BRIGHT, NJ 07760), Employer identification number (94-3213682), Telephone number ((732) 996-7706), Accounting method (Cash), and Tax-exempt status (501(c)(3)).

Table with 3 main sections: REVENUE (lines 1-9), EXPENSES (lines 10-17), and ASSETS (lines 18-21). Includes sub-rows for special events and inventory. Total revenue: 193,945. Total expenses: 133,489. Net assets at end of year: 178,505.

Part II: Balance Sheets. Table with columns (A) Beginning of year and (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets.

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

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

What is the organization's primary exempt purpose? ACCESS TO WATERWAYS FOR HANDICAP
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	<u>INCREASE PUBLIC ACCESS TO WATERWAYS, AWARENESS OF SURFRIDING CULTURE, SUPPORT PROGRAMS OF HANDICAP AND DISABLED EVENTS, DONATION TO AUTISM AWARENESS GROUPS</u>	<input type="checkbox"/>	28 a	2,200.
	(Grants \$ <u>2,200.</u>) If this amount includes foreign grants, check here			
29		<input type="checkbox"/>	29 a	
	(Grants \$) If this amount includes foreign grants, check here			
30		<input type="checkbox"/>	30 a	
	(Grants \$) If this amount includes foreign grants, check here			
31	Other program services (attach schedule)	<input type="checkbox"/>	31 a	
	(Grants \$) If this amount includes foreign grants, check here			
32	Total program service expenses (add lines 28a through 31a)		32	2,200.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>RICHARD LEE</u> <u>543 2nd Ave</u> <u>LONG BRANCH NJ 07740</u>	TREASURER <u>5.00</u>	0.	0.	
<u>ANDREW MENCINSKY</u> <u>754 OCEAN AVE</u> <u>SEA BRIGHT NJ 07760</u>	EX. DIRECTOR <u>12.00</u>	12,717.	0.	
<u>JOHN CONNOR</u> <u>RUMSON NJ 07760</u>	TRUSTEE <u>1.00</u>	0.	0.	
<u>WILL SOMERS</u> <u>RUMSON NJ 07760</u>	TRUSTEE <u>1.00</u>	0.	0.	
<u>DARRAIN BOYLE</u> <u>SEA GIRT NJ 08750</u>	TRUSTEE <u>1.00</u>	0.	0.	
<u>JOHN GROSSARTH</u> <u>NORTH WARD AVE</u> <u>RUMSON NJ 07760</u>	TRUSTEE <u>1.00</u>	0.	0.	
<u>FRANK WALCZAK</u> <u>BEACH ROAD</u> <u>MONMOUTH BEACH NJ 07750</u>	TRUSTEE <u>1.00</u>	0.	0.	
<u>JIM LITTLEFIELD</u> <u>SANTA CRUZ CA 0</u>	TRUSTEE <u>1.00</u>	0.	0.	
<u>CHRISTIAN FINE</u> <u>SANTA CRUZ CA 0</u>	TRUSTEE <u>1.00</u>	0.	0.	
<u>JAMIAN LAVIOLA</u> <u>MIDDLETOWN NJ 07740</u>	TRUSTEE <u>1.00</u>	0.	0.	

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0"/> 37a		
37b	b Did the organization file Form 1120-POL for this year?		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 period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	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 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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		X
41	List the states with which a copy of this return is filed <input type="text"/>		

42a The organization's books are in care of TAXPAYER Telephone no. (732) 996-7706
 Located at 754 OCEAN AVE SEA BRIGHT NJ ZIP + 4 07760

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

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

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

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.

Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4
 BRIAN J SHEPROW, CPA LLC
 476 BROAD STREET
 SHREWSBURY NJ 07702

Preparer's Identifying Number (See instructions) _____
 EIN _____ Phone no. (732) 747-3425

May the IRS discuss this return with the preparer shown above? See instructions Yes No

BAA

Public Charity Status and Public Support

2009

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

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Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

SURFERS ENVIRONMENTAL ALLIANCE

94-3213682

Part I 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 cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
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.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 [X] An organization that normally receives: (1) more than 33-1/3 % 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 33-1/3 % 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).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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.
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e 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).
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organizations.

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

Table with 7 columns: (i) Name of Supported Organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of Support.

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- b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	0.	0.	9,147.	14,900.	3,700.	27,747.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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	0.	0.	9,147.	14,900.	3,700.	27,747.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						27,747.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0.	0.	9,147.	14,900.	3,700.	27,747.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						27,747.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		FUNDRAISER (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
	1	Gross receipts	242,214.		242,214.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	242,214.		242,214.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	64,047.		
	10	Direct expense summary. Add lines 4- through 9 in column (d)			64,047.
	11	Net income summary. Combine lines 3, column (d) and line 10			178,167.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
		(Add col. (a) through col. (c))			
	1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Combine lines 1, column (d) and line 7			

	YES	NO
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? _____	9a	
b If 'No,' explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If 'Yes,' explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

		YES	NO
<p>13 Indicate the percentage of gaming activity operated in:</p> <p>a The organization's facility 13a %</p> <p>b An outside facility 13b %</p>			
<p>14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:</p> <p>Name: ▶ -----</p> <p>Address: ▶ -----</p>			
<p>15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? 15a</p> <p>b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.</p> <p>c If 'Yes,' enter name and address of the third party:</p> <p>Name: ▶ -----</p> <p>Address: ▶ -----</p>			
<p>16 Gaming manager information</p> <p>Name: ▶ -----</p> <p>Gaming manager compensation ▶ \$ _____</p> <p>Description of services provided: ▶ -----</p> <p><input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor</p>			
<p>17 Mandatory distributions</p> <p>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a</p> <p>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: ▶ \$ _____</p>			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

SURFERS ENVIRONMENTAL ALLIANCE

Employer identification number

94-3213682

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name as Shown on Return
SURFERS ENVIRONMENTAL ALLIANCE

Employer Identification No.
94-3213682

Line 24 - Other Assets:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 24		
Line 26 - Total Liabilities:	Beginning of Year	End of Year
PAYROLL TAXES PAYABLE		683.
Totals to Form 990-EZ, Part II, line 26		683.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
PAYROLL TAXES	1,449.
OFFICE	963.
CREDIT CARD & BANK CHARGES	14,826.
INSURANCE	3,034.
Total	<u>20,272.</u>

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment CHARITABLE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GENERAL	Business <input type="checkbox"/> Person <input type="checkbox"/> AUTISM FAMILY SERVICES	NONE	15,000.

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 CHARITABLE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GENERAL	Business <input type="checkbox"/> Person <input type="checkbox"/> AUTISM NJ	NONE	21,500.

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

Description of Property _____
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment CHARITABLE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GENERAL	Business <input type="checkbox"/> Person <input type="checkbox"/> SURFERS HEALING FOUNDATION	NONE	30,000.

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 CHARITABLE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GENERAL	Business <input type="checkbox"/> Person <input type="checkbox"/> BEST DAY FOUNDATION	NONE	16,000.

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 CHARITABLE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GENERAL	Business <input type="checkbox"/> Person <input type="checkbox"/> BEATIFUL SON FOUNDATION	NONE	10,000.

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

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Continued

Grants and Similar Amounts Paid

Purpose of Payment CHARITABLE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GENERAL	Business <input type="checkbox"/> Person <input type="checkbox"/> LIGHT HAWK GROUP	NONE	
			250.

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 CHARITABLE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GENERAL	Business <input type="checkbox"/> Person <input type="checkbox"/> GEORGE C FUND	NONE	
			250.

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 CHARITABLE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GENERAL	Business <input type="checkbox"/> Person <input type="checkbox"/> AUTISM SPEAKS		
			6,500.

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