

Form **990-EZ****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)

- 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.

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning <u>7/1/2009</u> , and ending <u>6/30/2010</u>									
B 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	<table border="1"> <tr> <td>C Name of organization Northern Burlington Regional Chamber of Commerce Inc</td> <td>D Employer identification number 22-2241566</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) P O Box 65</td> <td>Room/suite</td> </tr> <tr> <td>City, town, or country Bordentown</td> <td>State NJ</td> </tr> <tr> <td>ZIP + 4 08505</td> <td></td> </tr> </table>	C Name of organization Northern Burlington Regional Chamber of Commerce Inc	D Employer identification number 22-2241566	Number and street (or P O box, if mail is not delivered to street address) P O Box 65	Room/suite	City, town, or country Bordentown	State NJ	ZIP + 4 08505	
C Name of organization Northern Burlington Regional Chamber of Commerce Inc	D Employer identification number 22-2241566								
Number and street (or P O box, if mail is not delivered to street address) P O Box 65	Room/suite								
City, town, or country Bordentown	State NJ								
ZIP + 4 08505									
E Telephone number (609) 298-7774									
F Group Exemption Number ►									

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) **►**

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: **► www.nbrchamber.com**

J Tax-exempt status (check only one)— ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **► \$ 34,177**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	7,500
	4 Investment income	4	110
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	26,567
b Less direct expenses other than fundraising expenses	6b	18,041	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	8,526	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ►)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	16,136	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	3,000
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	225
	14 Occupancy, rent, utilities, and maintenance	14	6,600
	15 Printing, publications, postage, and shipping	15	836
	16 Other expenses (describe ► See Attached Statement)	16	3,078
	17 Total expenses. Add lines 10 through 16	17	13,739
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,397	
Net Assets	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)	19	37,298
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	39,695

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	37,298	39,695
23 Land and buildings		
24 Other assets (describe ►)	0	0
25 Total assets	37,298	39,695
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,298	39,695

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009) **6**

(HTA)

SCANNED NOV 18 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III)**Expenses**

What is the organization's primary exempt purpose? Improvement of business conditions in No Burlington area
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	Hosted Street Fair in Bordentown City to draw business to the town		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29	Published an annual calendar with advertising from area merchants and drawings of area historic buildings to draw more business for the area		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30	Hosted networking events for area business people		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule)		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a)	32	0

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Myra Wille PO Box 9017 Trenton NJ 08650	Title President Hr/WK 5.00	0	0	0
	Title Hr/WK 00	0	0	0
Phyllis Petrisko 2A S. Gold Dr. Hamilton NJ 08691	Title VP Hr/WK 2.00	0	0	0
Claudia Teal 2295 Old York Rd. Bordentown NJ 08505	Title Secretary Hr/WK 2.00	0	0	0
Chris Nunn 789 Farnsworth Ave Bordentown NJ 08505	Title Treasurer Hr/WK 5.00	0	0	0
Shirley Littleford 210 Rt. 539 Cream Ridge NJ 08514	Title Director Hr/WK 50	0	0	0
Andy Pritikin POB 370 Columbus NJ 08022	Title Director Hr/WK 50	0	0	0
Kristen Goehrig 40 Fuld St. Trenton NJ 08638	Title Director Hr/WK 50	0	0	0
Diane DiSpaldo 8 Kennebec Ct Bordentown NJ 08505	Title Director Hr/WK 10.00	0	0	0
Betsy Ramos 8000 Midlantic Dr, Suite 300S Mt Laurel NJ 08054	Title Director Hr/WK .50	0	0	0
Earl Hall 192 Rt. 130 Bordentown NJ 08505	Title Director Hr/WK 50	0	0	0
Janine Wilsere 3250 Rt. 206 Bordentown NJ 08505	Title Director Hr/WK 50	0	0	0
Garrett Knudson 280 Crosswicks Rd. Bordentown NJ 08505	Title Director Hr/WK .50	0	0	0
	Title Hr/WK .00	0	0	0
Dale Adair 789 Farnsworth Ave. Bordentown NJ 08505	Title Im Past Pres Hr/WK .50	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions 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		
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
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a 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 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 40b		
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 40e		X
41 List the states with which a copy of this return is filed ▶ NJ		
42 a The organization's books are in care of ▶ Chris Nunn Telephone no ▶ (609) 298-0723 Located at ▶ 789 Farnsworth Ave City Bordentown ST NJ ZIP + 4 ▶ 08505		
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)? 42b		X
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.? 42c		X
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		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 45		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

- 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. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48**
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **49a**
- b** If "Yes," was the related organization a section 527 organization? **49b**
- 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 & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City <u>ST</u> ZIP <u>00</u>	Hr/WK <u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP <u>00</u>	Hr/WK <u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP <u>00</u>	Hr/WK <u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP <u>00</u>	Hr/WK <u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP <u>00</u>	Hr/WK <u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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
Name <u>None</u> Str _____		
City <u>ST</u> ZIP <u>00</u>		
Name _____ Str _____		
City <u>ST</u> ZIP <u>00</u>		
Name _____ Str _____		
City <u>ST</u> ZIP <u>00</u>		
Name _____ Str _____		
City <u>ST</u> ZIP <u>00</u>		

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

Sign Here	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.			
	 Signature of officer	Date <u>10/17/2010</u>	Preparer's identifying number (See instructions)	
Paid Preparer's Use Only	Chris Nunn Type or print name and title	Treasurer		
	Preparer's signature John J. Ditri, CPA	Date <u>10/7/2010</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Freedom Financial Advisors LLC</u> <u>132 Farnsworth Ave., Bordentown, NJ 08505</u>		EIN <u> </u>	Phone no <u>(609) 291-8363</u>

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

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.

2009

**Open To Public
Inspection**

Northern Burlington Regional Chamber of Commerce Inc

22-2241566

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name 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 col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				0	0	0

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

NJ

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.

		(a) Event #1 Street Fair (event type)	(b) Event #2 Calendar (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	17,240	7,350	0	24,590
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	17,240	7,350	0	24,590
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	200	0	0	200
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	8,711	3,750	0	12,461
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(12,661)
	11 Net income summary. Combine line 3, column (d), and line 10				11,929

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	0	0	0	0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	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)				(0)
	8 Net gaming income summary. Combine line 1, column d, and line 7				0

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? _____

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

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
9a		
10a		
11		
12		X

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	X
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 ▶ \$		0
	Description of services provided ▶		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a	
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 III, Line 31 (990-EZ) - Other Program Services

	Program Service Expenses
Held monthly meetings for members and guests	
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
Maintained a web site with information on the chamber members	
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
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(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
Total	Total
0	0

Part I, Line 16 (990-EZ) - Other Expenses

3,078

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	50
11	Telephone	11	570
12	Unrelated business income taxes	12	0
13	Miscellaneous	13	126
14	Web Site	14	1,484
15	Insurance	15	253
16	Contributions	16	385
17	Credit Card Fees	17	150
18	Fees	18	60
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	