Form 990-EZ

Department of the Treasury

Internal Revenue Service

# **Short Form**

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

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 \$1,000,000 and total assets
less than \$2,500,000 at the end of the year may use this form

2008

OMB No. 1545-1150

Open to Public Inspection

a completed Schedule A (Form 990 or 990-EZ).    Website: ► www.abwlnj.org	51  crual  uired 90-PF) D A
Name change	crual uired 90-PF) D A
Name change   Institute trum   Name change   Institute trum   Name change   Institute trum   Name change   Name	crual uired 90-PF) O A
Initial return   Termination   Amended return   Amende	crual uired 90-PF) O A
Termination   Amended return   Amende	crual uired 90-PF) O A
Instructions   Instructions   Instructions   City or town, state or country, and ZIP + 4   F Group Exemption   Number   F Crent Con NJ 08607   Cred	uired 90-PF) O A 35
Papelaciation	uired 90-PF) O A 35
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  I Website: ▶ www .a Dwllnj.org  J Organization type (check only one) - № 501(c)(3) ◄ (insert no)	uired 90-PF) O A 35
Website: ▶www.abwlnj.org   H Check   If organization is not rectangle   H Check   If organization is not rectangle   If organization	90-PF) D A 35 375
J Organization type (check only one) —   X  501(c)(3 )	90-PF) D A 35 375
K Check   If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,00 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ	35 375
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 \$1,000,000 or more, file Form 990 instead of Form 990-E2  \$49,55  Part 1	35
Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 49,5    Part 1	375
Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, gifts, grants, and similar amounts received	375
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gamling, check here ▶  B C Special events and activities (complete applicable parts of Schedule G) If any amount is from gamling, check here ▶  B C Special events and activities (Subtract line 5b from line 5a) C Net income or (loss) from special events and activities (Subtract line 6b from line 6a) C Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Grants and similar amounts paid (attach schedule) C Grants and similar amounts paid (attach schedule) C Grants and similar amounts paid (attach schedule) C Salaries, other compensation, and employee benefits C Salaries of the salaries and contractors C Sa	
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To Grants and similar amounts paid (attach schedule)  E	
EXP 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 5,	<u>.37</u>
X 12 Salaries, other compensation, and employee benefits COT 12 200 . 12 13 Professional fees and other payments to independent contractors	
N 44	
N 44	224
5 14 Occupancy, rent, utilities, and maintenance E 15 Printing, publications, postage, and shipping 15 2,	
E   15 Printing, publications, postage, and snipping	131
16 Other expenses (describe ► See attachment #1 ) 16 12,	
48. Fundament (defeat) for the user (Cultivest line 47 from line 0)	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Not assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	173
end-of-year figure reported on prior year's return)	
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)  Other changes in net assets or fund balances (attach explanation)	16
S 21 Net assets or fund balances at end of year Combine lines 18 through 20	116_
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.	
(See instructions for Part II)  (A) Beginning of year  (B) End of year	543
· · · · · · · · · · · · · · · · · · ·	543
23 Land and buildings	543 r
24 Other assets (describe ► )	543
25 Total assets	543 r
26 Total liabilities (describe ▶ ) 0 26	543 ur 543
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 33,116 27 32,	543 ur 543

		lack Women Law				Page 2
	art III Statement of Program Se			ns for Part III.)	<b>/</b> D	Expenses
	nat is the organization's primary exempt purp	(Required for 501(c)(3) & (4)				
	scribe what was achieved in carrying out the					nizations and 4947(a)(1)
	scribe the services provided, the number of p	persons benefited, or other	relevant information for	each program title.	trusts	s, optional for others )
28	See attachment #3					
		<del></del>				
	(Grants \$ ) If this a	amount includes foreign gra	nts, check here	•	28a	20,610
29						
			· · · · · · · · · · · · · · · · · · ·			
	(Grants \$ ) If this a	amount includes foreign gra	ints, check here	<u>▶    </u>	29a	
30		· · · · · · · · · · · · · · · · · · ·				
		<del></del>				
	(Grants \$ ) If this a	amount includes foreign gra	nts, check here	▶	30a	
31	Other program services (attach schedule)					
		amount includes foreign gra	ints, check here	▶ 🗍	31a	
	Total program service expenses (add line		· · ·	<b>•</b>	32	20,610
P	art IV List of Officers, Directors			T		
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not pald,	(d) Contributions employee benefit pl	ans &	(e) Expense account and
2	ee attachment #4	devoted to position	`enter -0)	deferred compensa	ation	other allowances
50	ce accaemment #4					
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Pa	tt V Other information (Note the statement requirements in the instructions for Part VI)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		1.00	
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"	-		
	attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), bu			
	not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	` <b> </b>		ł
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,	İ		Ī
-	and proxy tax requirements?	35a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"	1		<del></del>
	complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions     37a   0	-		<del></del>
b		37b		Х
38a		0.0	<del> </del>	
502	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	ĺ	X
<b>.</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	302		
39	Section 501(c)(7) organizations Enter	[		
	Initiation fees and capital contributions included on line 9			
b	<del></del>	$\dashv$		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
404		Ī		
<b>.</b>	section 4911 ▶, section 4912 ▶, section 4955 ▶  Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction			
b	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule		}	
	L, Part I	40b		Х
_	Enter amount of tax imposed on organization managers or disqualified persons during	405	<del> </del>	- 1
·	the year under sections 4912, 4955, and 4958			
ч	Enter amount of tax on line 40c reimbursed by the organization	- [		
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	-		ł
-	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed.   NONE	406	<u> </u>	
41 42a				
720	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
b			Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42h	163	X
	If "Yes," enter the name of the foreign country	42b	ļ	^
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	- [		
	and Financial Accounts.			İ
_		400	1	v
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
42	If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here	-		. [
43		•		► [
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Voc	NI-
44	Did the exceptration maintain and denot adjusted funded if (IV/a-II F	F	Yes	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	1	1	
AF	Form 990-EZ	44	ļ	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?			٠,
	If "Yes," Form 990 must be completed instead of Form 990-EZ		[ [7 ··	X
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Form 990-EZ	<del></del>	ck Women Law	<u> </u>			···		age 4
Part Vi	Section 501(c)(3) organiza	ations only. All section	n 501(c)(3) orgar	nizations	must answer quest	ions 46-49 an	d compl	ete
	the tables for lines 50 and 51	<del></del>			<del></del>		-124	1
	rganization engage in direct or indire	· · ·	livities on behalf	of or in	opposition to candid		Yes	
	c office? If "Yes," complete Schedule					4	6	X
	rganization engage in lobbying activ	•	•			. 4	7	X
48 Is the org	ganization operating a school as des	cribed in section 170(b)(	1)(A)(॥)? If "Yes,'	' comple	ete Schedule E .	4	8	X
49a Did the d	rganization make any transfers to ar	exempt non-charitable	related organizat	tion?		49	a	X
b If "Yes,"	was the related organization(s) a sec	tion 527 organization?				. 49	b	X
50 Complete	e this table for the five highest comp	ensated employees (other	er than officers, d	lirectors,	trustees and key er	mployees) who	each	
	more than \$100,000 of compensation							
	•	J						
(a) Nome	and address of each applicace	(b) Title and average	(c) Compens	ation	(d) Contributions t	.o (e)	Expense	
	e and address of each employee and more than \$100,000	hours per week	(0) 0011110110	20011	employee benefit plan	is& ac	count and	
NONE	raid more than \$100,000	devoted to position			deferred compensati	on other	allowance	es
NONE						ļ		
						į		
Total number of	other employees paid over \$100,000							
	e this table for the five highest comp	ensated independent cor	ntractors who ea	ch recei	ved more than \$100	000 of compe	neation	from
· ·	nization If there is none, enter "None	· ·	illuctors will ea	CIT TOOL	ved more than \$100	,000 or compe	nsauon	II OIII
ille Orgai	mization in there is none, enter None	7						
(a) Name	a and address of a selected and		T #400 000	//-	\ Tune of convec	(2) (2)		
	e and address of each independent	contractor paid more tha	10 \$100,000	a)	) Type of service	(c) Cor	npensati	on
NONE				j				
		<del></del>						
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				]		<b>;</b>		
Total number	of other independent contractors ea	ch receiving over \$100.00	00					
70121112111201	Under penalties of perjury, I decla			ding acc	omnanving schodule	e and statem	onte and	d to
	the best of my knowledge and be	lef. it is true, correct, and	l complete Decla	aration o	of preparer (other tha	an officer) is b	ased on	all
	information of which preparer has		· · · • · · · · · · · · · · · · · ·			1 1		
Class	Shema A Born	7077				10151	1	
Sign	IWILLO MI POTOT	<u>wq</u>				100	<u>.</u>	
Here	Signature of officer					Date		
	l. Jun D. Roma	- Trace	/					
	Nina D. Bona	nor, Thasu	ua					
	Type or print name and title.							
	Preparer's	// /	Date /	• .	Check if Pre	parer's Identifyii	ng No (Se	e instr )
Paid	signature	e apple	Date	P	self- employed ▶ X	P00/2	3747	7
Preparer's	Firm's name (or yours Duane	G. Myers CPA			EIN	122	3/92	578
Use Only	Thin shalle (or yours)	Main St Ste			Phone no	0. ▶	<u>, , , , , , , , , , , , , , , , , , , </u>	

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

address, and ZIP+4

Moorestown, NJ 08057-

856- 235-4870

## SCHEDULE A

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Internal Revenue Service Name of the organization **Employer Identification number** Assoc of Black Women Lawyers of New Jersey, Inc 22-2226082 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 (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vI). (Complete Part II) A community trust described in section 170(b)(1)(A)(vI). (Complete Part II) 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), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 c Type III-Functionally integrated b | Type II d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box..... Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? Yes (I) A person who directly or indirectly controls, either alone or together with persons described in (II) No and (iii) below, the governing body of the supported organization? N/A 11g(l) N/A (II) A family member of a person described in (i) above? 11g(li) (III) A 35% controlled entity of a person described in (i) or (ii) above? A/N11g(III) Provide the following information about the organizations the organization supports. (vI) Is the (vii) Amount of (I) Name of supported (II) EIN (III) Type of organization (IV) Is the organization (V) Did you notify the organization in col (1) organization in col (1) listed in your support (described on lines 1-9 organization in cot (1) organized in the above or IRC section governing document? of your support? U.S.? (see Instructions)) No Yes No Yes No Yes

Total

### Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support	200 011 1110 0 01		<del></del>				
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
		(=,/ == : _	(, 200	(4,	(=,/ ====	(-,		(4) 15121
1	Gifts, grants, contributions, and membership fees received (Do not							
	include any "unusual grants")	23,731	30,297	17,290	14,573	17	,545	103,436
2	Gross receipts from admissions,						,	2007200
2	merchandise sold or services							
	performed, or facilities furnished in any							
	activity that is related to the organization's tax-exempt purpose			46,930	34,299	31	,990	113,219
3	Gross receipts from activities that are not an	<del></del>					,	<u>-</u>
•	unrelated trade or business under section 513	130	272	225				627
4	Tay revenues loyed for the organization's				-			
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 1-5	23,861	30,569	64,445	48,872	4.9	, 535	217,282
7a	Amounts included on lines 1, 2, and 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 total of lines 9, 10c, 11, and 12							
	for the year or \$5,000						_	
	Add lines 7a and 7b				·			015 000
8	Public support (Subtract line 7c from line 6)							217,282
	tion B. Total Support	(a) 0004	(h) 0005	(=) 0000	(4) 0007	/->	0000	/O Total
9	endar year (or fiscal year beginning in)  Amounts from line 6	(a) 2004 23,861	<b>(b)</b> 2005	(c) 2006 64,445	(d) 2007 48,872	<u>''</u>	2008	(f) Total 217,282
9	Amounts from line 6	23,661	30,369	04,445	40,072	4.3	, 555	217,202
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			İ				
	acquired after June 30, 1975			:				
С	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 lines 9, 10c, 11, and 12)							217,282
14	First five years. If the Form 990 is for the or	ganization's first	, second, third, f	ourth, or fifth tax	year as a sectio	n 501(	c)(3)	
	organization, check this box and stop here							▶
Sec	tion C. Computation of Public Sup	<del> </del>						
15	Public support percentage for 2008 (line 8, c		•	ımn (f))		15	1	00.00 %
16	Public support percentage from 2007 Sched				<del> <u></u></del>	16		
_	tion D. Computation of Investmen							
17								
18	Investment income percentage from 2007 Sc					18	0.04	<u>%</u>
19a	33 1/3 % support tests 2008. If the organ							
	not more than 33 1/3 %, check this box and		-					
b	33 1/3 % support tests 2007. If the organ							
20	18 is not more than 33 1/3 %, check this box	•	•		- · · · · ·			H
20	Private foundation. If the organization did n	ms (Software Only)		A Tab, CHECK (NI				►   or 990-EZ) 2008
JVA	TWE ZOODU COPYRIGHT FOR	ma (our ware Unity)	- 2000 IVV		Julieuu	.~ ~ (r	21111 720	JJV LEJ 2000

#### SCHEDULE G

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a Open to Public Inspection

Employer identification number Name of the organization 22-2226082 Assoc of Black Women Lawyers of New Jersey, Inc Fundralsing Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Solicitation of government grants ь Email solicitations Phone solicitations g X Special fundraising events c 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? X No Yes If "Yes," list the ten highest paid individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table (III) Did fundraiser (Iv) Gross receipts (v) Amount paid to (vI) Amount paid to (II) Activity (i) Name of individual have custody or entity (fundraiser) from activity (or retained by) fund-(or retained by) or control of raiser listed in col. (i) organization contributions? Yes No Total 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

Pa	Fundralsing 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							
B		more than \$15,000 on Form 950-E2	(a) Event #1 Fashion sh	(b) Event #2 Annual Jaz	(c) Other Events (total number)	(Add col		
R E V E N U	1	Gross receipts	(event type) 4 , 805	(event type) 27,185	(total number)	CC	31,99	90
U E	3	Less Charitable contributions . Gross revenue (line 1						
D	4	minus line 2) .  Cash prizes	4,805	27,185			31,99	10
R E C T	5	Non-cash prizes						
E X P E N	6	Rent/facility costs ,	900	19,474			20,37	74
EZQ	7	Other direct expenses	3,819	5,205			9,02	24
S S Pa	8 9 rt ()		and 8 in column (d) on answered "Yes" to For	m 990, Part IV, line 19, o	r reported more	(	29,3 2,59	
RESESSE		than \$15,000 on Form 990-EZ, line	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total col. (a)	gaming thru col	
D-RECT	2 Cash prizes							
EXPEZOEO	4	Non-cash prizes						
_S	5	Other direct expenses						
	6	Volunteer labor	X No	X No	Yes% X No	,	<del></del>	••••
	7	Direct expense summary Add lines 2 thi	rough 5 in column (d)			(		)
	8	Net gaming income summary Combine	lines 1 and 7 in column	(d)	▶			Tar
9		ter the state(s) in which the organization of the organization licensed to operate gamin					Yes	No X
a b		No," Explain:	ig activities in each of the	ese states ·			1	<u> </u>
10a b		ere any of the organization's gaming licens Yes," Explain:	ses revoked, suspended	or terminated during the	tax year?	10	a	X
11		es the organization operate gaming activi					1	x
12		the organization a grantor, beneficiary or to med to administer charitable gaming?	rustee of a trust or a mer	mper of a partnership or	omer entity	: 1	2	x

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hedu	ule G (Form 990 or 990-EZ) 2008 Assoc of Black Women Lawye 22-2226082			age (
		E	Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility 13a %	-		
þ	An outside facility	-		
14	Provide 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	15a		X
<b>.</b>	revenue?	154		1
b	of gaming revenue retained by the third party > \$			
	If "Yes," enter name and address		1	ŀ
С	If tes, effer flame and address	-		
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			1 _
	retain the state gaming license?	17a	<u> </u>	1-7
þ	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	[		[
	in the organization's own exempt activities during the tax year ▶ \$  On 990G3 TWE 2004 Convents Forms (Software Only) = 2004 TW Schedule G (Form Software Only) = 2004 TW		1	1

# SCHEDULE OF OTHER EXPENSES

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public

Open to Public			
Inspection	For calendar year 2008 or tax period beginning	07 - 01 - 2008, and ending	06-30-2009.
Name of Organia	Employer Identification Number 22-226082		
ASSOC UL	Black Women Lawyers of New	ocibe, inc	<u></u>
	Description of Other Expens	ses	Amount
Travel			512
Conference	2,342		
Scholars	7,520		
Returned	595		
	vice fees		250
Law Day			495
Post off:	94		
Postage a	249		
	100		
	mes of chance filing fee ministrative expenses		478

Total

#### PRIMARY EXEMPT PURPOSE

Attachment 2: page 1 - 990-EZ Page 2, Part III

Open to Public					
Inspection	For calendar year 2008 or tax period beginning	07-01	, and ending	06-30-2009.	
Name of Organizati	on			<b>Employer Identification Numb</b>	per
Assoc of B	lack Women Lawyers of New	Jersey,Inc		22-2226082	

#### Primary Purpose

The organization seeks to encourage member partipation in community service projects such as career information and counseling to high school and college students. The organization supports improved communication, cooperation and understanding within the legal profession. In addition, the organization supports maintaining high professional standards.

### PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: page 1 - 990-EZ Page 3, Part III Open to Public 06-30-2009. Inspection For calendar year 2008 or tax period beginning 07 - 01 - 2008, and ending **Employer Identification Number** Name of Organization Assoc of Black Women Lawyers of New Jersey, Inc 22-2226082 Part III - Statement of Program Service Accomplishments Grants and allocations Amount includes foreign grants | Program service expenses 20,610 **Exempt Purpose Achievements** Conducted Community Law Day educational forums to increase and encourage diverse ethnic and racial participation in the legal profession. These

forums were attended by students from urban schools.

# **CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 4: page 1 - 990-EZ Page 2, Part IV						
Open to Public						
Inspection For calendar year 2008 or ta	ax period beginning 0	7-01-2008, and				
Name of Organization Employer Identification Number						
Assoc of Black Women Lawy			22-22260			
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee . Ben Plans & Def. Comp	(E) Expense Account & Other Allowances		
Joan M. Burke	President	,				
	3.00					
Lumberton, NJ 08048		0	o	0		
	Secretary					
	1.00					
Willingboro, NJ 08046		0	o	0		
	Treasurer	Ŭ	Ĭ	· ·		
	1.00					
	1.00	0	0	0		
Piscataway, NJ 08854		U	U	U		
			•			
•		-				
		,				

# **BOOKS ARE IN CARE OF**

Attachment 5 - 990-EZ Page 3, Part V, Line 42a						
Open to Public						
Inspection For calendar year 2008 or tax period beginning	07-01-2008, and ending 06-30-2009.					
Name of Organization	Employer Identification Number					
Assoc of Black Women Lawyers of New Je	rsey,Inc 22-2226082					
Part V - Line 42a						
Individual Name .	Nina D. Bonner					
Or						
Business Name						
Street Address	944 Lincoln Avenue					
U S Address						
Zip code 08854 City Piscataway	State NJ					
or Foreign Address						
City						
Province or State						
Country	_					
Postal code .						
Phone Number						
Fax Number						