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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

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

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

HISPANIC BAR ASSOCIATION OF NEW JERSEY INC

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

PO BOX 25562

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

NEWARK, NJ 07101

D Employer identification number

22-2327610

E Telephone number

(973) 597-6212

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)

I Website:WWW NJHBA ORG

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

J Tax-Exempt status (check only one)

☒501(c)(6)

☐4947(a)(1)

☐527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally 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

\$227,442

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
	2	Program service revenue including government fees and contracts	2107,876
	3	Membership dues and assessments	313,425
	4	Investment income	4
	5a	Gross amount from sale of assets other than inventory	5c
	5b	Less cost or other basis and sales expenses	
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6c
	6b	Less direct expenses other than fundraising expenses	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
Expenses	7a	Gross sales of inventory, less returns and allowances	7c
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe)	8956
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9187,176
Net Assets	10	Grants and similar amounts paid (attach schedule)	1020,500
	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
	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	1516,838
	16	Other expenses (describe)	16148,888
	17	Total expenses. Add lines 10 through 16	17186,226
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18950
	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)	19135,978
	20	Other changes in net assets or fund balances (attach explanation)	20
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21136,928

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)

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe)

25 Total assets

26 Total liabilities (describe)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year

135,978

135,978

0

135,978

(B) End of year

136,928

136,928

0

136,928

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

Cat No 10642I

Form 990-EZ (2009)

[illegible]

Part VOther 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	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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?	35a	Yes
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
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?	37b	
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
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	
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 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	No
41	List the states with which a copy of this return is filed ▶ NJ		
42a	The organization's books are in care of ▶ ALAN B CARDENAS ESQ Telephone no ▶ (732) 321-3869 170 WOOD AVE S 5TH FL Located at ▶ ISELIN, NJ ZIP + 4 ▶ 088302704		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
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 ▶	42c	No
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	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ	44	No
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	No

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		
48	Is the organization a school 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?		
49b	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 "

(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

50(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

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

Please 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 2010-09-21	
Paid Preparer's Use Only	Type or print name and title MIGUEL A POZOESQ, PRESIDENT			
	Preparer's signature Carlos Ferrer	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Smolin Lupin & Co PA 165 PASSAIC AVE - 4TH FLOOR FAIRFIELD, NJ 07004			EIN ▶ Phone no ▶ (973) 439-7200
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:

Software Version:

EIN: 22-2327610

Name: HISPANIC BAR ASSOCIATION OF NEW JERSEY INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
MIGUEL ALEXANDER POZO ESQ PO BOX 25562 NEWARK,NJ 07101	PRESIDENT 2 00	0	0	0
SUZETTE T RODRIGUEZ ESQ PO BOX 25562 NEWARK,NJ 07101	PRESIDENT ELECT 2 00	0	0	0
JOSE I BASTARRIKA ESQ PO BOX 25562 NEWARK,NJ 07101	VICE PRESIDENT 2 00	0	0	0
ALAN B CARDENAS ESQ PO BOX 25562 NEWARK,NJ 07101	TREASURER 2 00	0	0	0
LOUIS ACEVEDO ESQ PO BOX 25562 NEWARK,NJ 07101	RECORDING SECRETARY 2 00	0	0	0
EDWARD J MULLINS III ESQ PO BOX 25562 NEWARK,NJ 07101	MEMBERSHIP SECRETARY 2 00	0	0	0
NURIS E PORTUONDO ESQ PO BOX 25562 NEWARK,NJ 07101	PRESS SECRETARY 2 00	0	0	0
JUAN CARTAGENA ESQ PO BOX 25562 NEWARK,NJ 07101	GENERAL COUNSEL 2 00	0	0	0
EVELYN PADIN ESQ PO BOX 25562 NEWARK,NJ 07101	TRUSTEE 2 00	0	0	0
ELVIN ESTEVES ESQ PO BOX 25562 NEWARK,NJ 07101	TRUSTEE 2 00	0	0	0
JACLYN MEDINA ESQ PO BOX 25562 NEWARK,NJ 07101	TRUSTEE 2 00	0	0	0
ZOILA CASSANOVA ESQ PO BOX 25562 NEWARK,NJ 07101	TRUSTEE 2 00	0	0	0
J ANDRES MAYOR ESQ PO BOX 25562 NEWARK,NJ 07101	TRUSTEE 2 00	0	0	0
MELINDA COLON ESQ PO BOX 25562 NEWARK,NJ 07101	TRUSTEE 2 00	0	0	0
JOSE RIVERA -BENITEZ ESQ PO BOX 25562 NEWARK,NJ 07101	TRUSTEE 2 00	0	0	0
JULIA A LOPEZ ESQ PO BOX 25562 NEWARK,NJ 07101	TRUSTEE 2 00	0	0	0
JACKELINE BIDDLE SHULER ESQ PO BOX 25562 NEWARK,NJ 07101	TRUSTEE 2 00	0	0	0
CARLOS M BOLLAR ESQ PO BOX 25562 NEWARK,NJ 07101	TRUSTEE 2 00	0	0	0
CARMEN MENDIOLA ESQ PO BOX 25562 NEWARK,NJ 07101	TRUSTEE 2 00	0	0	0
MICHAEL J PLATA ESQ PO BOX 25562 NEWARK,NJ 07101	TRUSTEE 2 00	0	0	0
ANNA MARIA TEJADA ESQ PO BOX 25562 NEWARK,NJ 07101	TRUSTEE 2 00	0	0	0
DANIEL GUADALUPE ESQ PO BOX 25562 NEWARK,NJ 07101	JPAC 2 00	0	0	0
JAVIER CUBANO VELEZ PO BOX 25562 NEWARK,NJ 07101	STUDENT REP 2 00	0	0	0
ANDRES ACEBO PO BOX 25562 NEWARK,NJ 07101	STUDENT REP 2 00	0	0	0
CRISTAL REYES PO BOX 25562 NEWARK,NJ 07101	STUDENT REP 2 00	0	0	0
MASIEL VALENTIN ESQ PO BOX 25562 NEWARK,NJ 07101	EXECUTIVE ASSISTANT 2 00	0	0	0
GEORGE RIOS ESQ PO BOX 25562 NEWARK,NJ 07101	IMMEDIATE PAST PRESIDENT 2 00	0	0	0

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
HISPANIC BAR ASSOCIATION OF NEW JERSEY INC

Employer identification number
22-2327610

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 e-mail solicitations

f☐ Solicitation of government grants

c☐ Phone solicitations

g☒ Special fundraising events

d☐ 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 activities?

☐ 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. Form 990-EZ filers are not required to complete this table.

(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			
Total ▶						

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.

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	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GALA EVENT</u> (event type)	 (event type)	 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	105,185		105,185
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	105,185		105,185
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	33,103		33,103
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	7,164		7,164
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3, column d, and line 10. ▶			
					64,918

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			
	2	Cash prizes			
Direct Expenses	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	
	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
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	
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		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** HISPANIC BAR ASSOCIATION OF NEW JERSEY INC**EIN:** 22-2327610

Item No.	1
Class of Activity	ACADEMIC-LAW STUDENT
Donee's Name	JORGE ESTRADA
Donee's Address	987 COOLIDGE RD ELIZABETH, NJ 07208
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	aCADEMIC-LAW STUDENT
Donee's Name	SUEHAIL M PEREZ
Donee's Address	316 POINT ST CAMDEN, NJ 08102
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	ACADEMIC-LAW STUDENT
Donee's Name	SANDRA GONZALES
Donee's Address	155 UNIVERSITY AVE NEWARK, NJ 07102
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	ACADEMIC-LAW STUDENT
Donee's Name	ANA YNGELMO
Donee's Address	148 MORRISTOWN RD ELIZABETH, NJ 07208
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	ACADEMIC-LAW STUDENT
Donee's Name	MICHAEL R ROSAS
Donee's Address	38 NOSTRAND AVE STATEN ISLAND, NY 10314
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	ACADEMIC-LAW STUDENT
Donee's Name	LYNETTE RENTE
Donee's Address	1619 78TH STREET NORTH BERGEN, NJ 07047
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	ACADEMIC-LAW STUDENT
Donee's Name	CANDY LEY VELAZQUEZ
Donee's Address	1216 79TH ST NORTH BERGEN, NJ 07047
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	ACADEMIC-LAW STUDENT
Donee's Name	RAY A MATEO
Donee's Address	25 PROSPECT STREET NEWARK, NJ 07105
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	ACADEMIC-LAW STUDENT
Donee's Name	DANTE A SIMONE
Donee's Address	9 WARREN ST NEWARK, NJ 07102
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	ACADEMIC-LAW STUDENT
Donee's Name	JOCELYN A MERCED
Donee's Address	155 UNIVERSITY AVE NEWARK, NJ 07102
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	ACADEMIC-LAW STUDENT
Donee's Name	VERONICA CARDENAS
Donee's Address	157 TERRACE AVE HASBROUCK HEIGHTS, NJ 07604
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	ACADEMIC-LAW STUDENT
Donee's Name	MARITZA RODRIGUEZ
Donee's Address	38 WAKEMAN AVE NEWARK, NJ 07104
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	ACADEMIC-LAW STUDENT
Donee's Name	ZORAGINA CASTILLO
Donee's Address	97 WICKLIFFE ST NEWARK, NJ 07103
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule

Name: HISPANIC BAR ASSOCIATION OF NEW JERSEY INC

EIN: 22-2327610

Description	Amount
FEES	246
MENTORSHIP PROGRAM	128
OFFICE EXPENSE	14,781
PROGRAM EXPENSES	131,789
bank & credit card charges	1,417
insurance	527

TY 2009 Other Revenues Schedule

Name: HISPANIC BAR ASSOCIATION OF NEW JERSEY INC

EIN: 22-2327610

Description	Amount
INTEREST INCOME	956

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: HISPANIC BAR ASSOCIATION OF NEW JERSEY INC

EIN: 22-2327610

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.