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Form **990-EZ**

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)

OMB No 1545-1150 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Sponsoning 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

For the 2009 calendar year, or tax year beginning , and ending C Name of organization D Employer identification number Please Check if applicable use IRS MONMOUTH BAR FOUNDATION Address change label or C/O NOEL TONNEMAN, ESQ. 22-2672287 Name change print or Number and street (or P O box, if mail is not delivered to street address) E Telephone number type. Room/suite Initial return See 14 CLIFFWOOD AVE., SUITE 100 732-389-2563 Termination Specific City or town, state or country, and ZIP + 4 Group Exemption Amended return Instruc-NJ 07747 **MATAWAN** Number Application pending tions Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach X Cash G Accounting method Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Website: ► N/A **X** 501(c) (3) **◀** (insert no) 4947(a)(1) or 527 Tax-exempt status (check only one) — 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 28,838 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 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 20,215 Program service revenue including government fees and contracts 2 2 3 Membership dues and assessments 6,770 4 Investment income 1,853 Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses 5b 1,853 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here SEE STMT 1 Gross revenue (not including \$ 6a reported on line 1) 6b Less, direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a Less Rost of goods/sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Cother revenue (describe ► 7 Total revenue Add-lines 1, 2 3 4, 5c, 6c, 7c, and 8 8 8 28,838 9 9 Grants and similar amounts paid (attach schedule) STMT 2 25,750 10 10 Benefits paid to of for members 11 11 Salaries, other compensation, and employee benefits 12 12 3,225 Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 1,462 16 16 30,437 17 17 Total expenses. Add lines 10 through 16 -1,599Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 207,957 end-of-year figure reported on prior year's return) 19 -7,051 SEE STATEMENT 4 Other changes in net assets or fund balances (attach explanation) 20 20 199,307 Net assets or fund balances at end of year Combine lines 18 through 20 21 21 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 (A) Beginning of year (B) End of year (See the instructions for Part II.) 64,730 34,690 22 22 Cash, savings, and investments 23 Land and buildings 23 143,227 SEE STATEMENT 5 164,617 24 Other assets (describe 24 207,957 199,307 25 Total assets 25 0 26 n 26 Total liabilities (describe 207,957 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 199,307

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

Form 990-EZ (2009) MONMOUI	'H BAR FO	DUNDATION	22	2-2672287				Page 2
Part III Statement of Pro	gram Servic	e Accomplishments (See the instruct	ions for Part II	1.)		Exp	penses
What is the organization's primary exem	npt purpose?			-] (R	equired f	for section
SEE STATEMENT 6								ind 501(c)(4)
Describe what was achieved in carrying	out the organiza	ation's exempt purposes. In a	clear and concise					ns and section
manner, describe the services provided				r		1 -		trusts, optional
each program title		•				1	others)	•
28 SCHOLARSHIPS AWARDED TO	18 CIPPENT	AND DDOGDEOTIVE IAW				 	Others)	
	18 CORRENT A	AND PROSPECTIVE LAW						
SCHOOL STUDENTS.				-				
25.75	0							05 750
	U) If this amou	int includes foreign grants, che	eck here	<u> </u>		28a		25,750
29								
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(Grants \$) If this amou	int includes foreign grants, che	eck here			29a		
30						l i		
(Grants \$) If this amou	unt includes foreign grants, che	eck here	>		30a		
31 Other program services (attach sch								
(Grants \$	•	unt includes foreign grants, chi	eck here	•	\Box	31a		
32 Total program service expenses					- <u>'</u> -	32		25,750
		and Key Employees. List ear	ch one even if not co	mnensated (See	the in		ne for P	
1 dit 14 List of Onicers, Direc	tors, musices,	and ney Employees. Elst car	(b) Title and average	(c) Compensation		Contribu		(e) Expense
(a) N	lame and address		hours per week	(If not paid,			efit plans &	account and
			devoted to position	enter -0-)	dere	етед сотр	ensation	other allowances
PETER W. KENNY, ESQ.		RED BANK	PRESIDENT		_		_	
365 BROAD STREET		NJ 07701	 	(0
PAUL H. FRANKEL, ESQ.		OCEANPORT	VICE PRESIDE		1		-	
19 BURNT MILL CIRCLE	1	NJ 07757	<u></u>		<u> </u>		0	0
NOEL S. TONNEMAN, ESQ.	1	MATAWAN	TREASURER				-	
14 CLIFFWOOD AVE., STE 100	<u> </u>	NJ 07747	<u> </u>		네		0	0
TOBY GRABELLE, ESQ.	:	SHREWSBURY	SECRETARY				ŀ	
655 SHREWSBURY AVE	1	NJ 07702					o	0
SEE ATTACHED SCHEDULE			TRUSTEES					
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Form 990-EZ (2009)

DAA

Pa	ort 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	33		x
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
	the changes	34		х
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			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			Ī
	6033(e) notice, reporting, and proxy tax requirements?	35a		х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	132		
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37a	Enter amount of political expenditures, direct or indirect, as described in the instr			
b	Did the organization file Form 1120-POL for this year?	37ь		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.0		
000	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	302		
39	Section 501(c)(7) organizations Enter	_		
а	Initiation fees and capital contributions included on line 9			
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			
700	section 4911 ▶			
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	<u> </u>		
	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		x
С	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			
е	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	ــــــــــــــــــــــــــــــــــــــ		
42a		32-69	6-2	500
	14 CLIFFWOOD AVE., STE 100			
	Located at ▶ MATAWAN, NJ ZIP+4 ▶ 0	7747		
ь	At any time dunng 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		Yes	No
	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	_	1	
	and Financial Accounts.			
С	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			▶ 🗌
	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		1	
	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		1	
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		_X_
		Form 99	0-EZ	(2009)

Part VI	Section 501(c)(3) organizations and section 4947	(a)(1) nonexempt	charitable tru	sts only. All se	ection	
	501(c)(3) organizations and section 4947(a)(1) non)
	and complete the tables for lines 50 and 51.	·		·		
46 Did the d	organization engage in direct or indirect political campaign activities o	n behalf of or in oppos	ition to		Yes	No
	tes for public office? If "Yes," complete Schedule C, Part I				46	X
	organization engage in lobbying activities? If "Yes," complete Schedu	le C, Part II			47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						
	organization make any transfers to an exempt non-chantable related				49a	X
	was the related organization a section 527 organization?	_			49b	
•	te this table for the organization's five highest compensated employed	es (other than officers,	directors, trustees	and key		
•	ees) who each received more than \$100,000 of compensation from th					
	(a) Name and address of each employee paid more	(b) Title and average	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Expe	
	than \$100,000	hours per week devoted to position		deferred compensation	account a other allow	
NONE						
f Total nu	umber of other employees paid over \$100,000	-	 	_		
•	te this table for the organization's five highest compensated independ		ich received more t	than		
\$100,00	00 of compensation from the organization. If there is none, enter "Non	e "				
		1				
(a)	Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	
NONE						
						
						
				į		
				<u> </u>		
	•					
- Total nu	umber of other independent contractors each receiving over \$100,000					
d Total nu	uniber of other independent contractors each receiving over \$100,000		-			
	Under penaities of periury, I declare that I have examined this return, includir	ng accompanying schedule	s and statements and	to the best of my kno	wiedge	
	and belief, it is true, correct, and complete Declaration of preparer (other tha		•	•		
Sign	1 1 M M M M M M M		n nl:	2/10		
Here	Signature of officer		Date	~µo		
	Noel S. Tonneman	Treasurer				
	Type or print name and title					
	Preparer's	Date	Check if	Preparer's Iden	ufying Number (See instr)
Paid	signature Deborah B. Cauch CP	A 10/29	9/10 self- employed ▶	P0043	6611	
Preparer's		<u> </u>	, = = Chiployed		2-242	6149
Use Only	f self-employed), 730 HOPE ROAD	,		Phone		
	MINIMON FINE C NIT O'					
	I address and /IP+4	7724		no ▶ 732	-676-4	4100
May the IRS	discuss this return with the preparer shown above? See instructions	7724		no ▶ 732	-676-4	1100 No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MONMOUTH BAR FOUNDATION

Employer identification number

			C/O NOEL TO	NNEMAN, ESQ.					77.	-26 <i>1</i>	<u> </u>			
Pŧ	ırt I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art) S	ee ins	structio	ons.			
he •	orgar	nization is not a	a private foundation becaus	e it is (For lines 1 through 11, che	ck only or	ne box)								
1	\Box	A church, con	vention of churches, or ass	ociation of churches described in	section 1	70(b)(1)(A)(i).							
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)			,,,							
3	П				on 170(b)	(1)(A)(iii)								
4	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name.													
•	لـــا	city, and state		a m conjenction man a mospital de		0000001	((2)(.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Linto, ti	ic noopi	ital 5 mamo			
5				of a college or university owned or	onerated	by a gove	romonto	d wort do	combad	l in				
3	Ш	•	·	=	operateu	by a gove	ennente	ii uriit ue	scribed	1111				
	\Box	-	b)(1)(A)(iv). (Complete Part		41 4504									
6		•	•	overnmental unit described in sec	•		•							
7	X	•	•	substantial part of its support from	i a govern	mental ur	nt or fron	n the ger	neral pu	iplic				
	\Box		section 170(b)(1)(A)(vi). (C											
8	\square	•		170(b)(1)(A)(vi). (Complete Part II	•									
9		•	•	1) more than 33 1/3 % of its suppo			•	•	-	•				
		•		npt functions—subject to certain e	•					f its				
			•	nd unrelated business taxable inco	•		11 tax) fr	om busii	nesses					
			•	0, 1975 See section 509(a)(2). (
10	Щ	An organization	on organized and operated	exclusively to test for public safety	See sec	tion 509(a)(4).							
11	Ш	•	•	exclusively for the benefit of, to pe				•						
		purposes of o	ne or more publicly support	ed organizations described in sec	tion 509(a)(1) or se	ction 509	(a)(2) S	See sec	tion				
		509(a)(3). Ch	eck the box that describes t	the type of supporting organization	and com	plete lines	11e thr	ough 11!	ר					
		a Type	I b Type II	c Type III–Functions	ally integra	ted	d (Тур	e III–Otl	her				
е		By checking to	his box, I certify that the org	anization is not controlled directly	or indirect	ly by one	or more	disquali	fied					
		persons other	r than foundation managers	and other than one or more public	cly suppor	ted organ	izations	descnbe	d in sec	ction				
		509(a)(1) or s	section 509(a)(2)											
f		If the organiza	ation received a written dete	ermination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g					
		organization,	check this box											1
g		Since August	17, 2006, has the organiza	tion accepted any gift or contributi	on from ar	ny of the								
		following per	sons?											
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together wi	th persons	s describe	ed in (ii)					Y	es No	
		and (III) b	below, the governing body of	of the supported organization?							119	g(ı)		
		(ii) A family	member of a person descri	bed in (i) above?							119	g(II)		
		(iii) A 35% c	ontrolled entity of a person	described in (i) or (ii) above?								g(m)		
h		Provide the f	ollowing information about t	he supported organization(s)										
(1)	Name	e of supported	(ıi) EIN	(iii) Type of organization	(IV) Is the o	organization	(v) Did y	ou notify	(vi)	Is the	(VII)	Amount	t of	
	org	anization		(described on lines 1–9	1 ''	sted in your		nization in	organizat		•	support		
				above or IRC section (see instructions))	governing	document?	col (i)	ort?		zed in the S ?				
				(see mondonomy)	Yes	No	Yes	No	Yes	No				
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Sec	don A. Public Support	,					
Cal	endar year (or fiscal year 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 any "unusual grants")	30,678	21,435	13,840	11,380	20,215	97,548
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						·
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	30,678	21,435	13,840	11,380	20,215	97,548
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						11,487
6	Public support. Subtract line 5 from line 4 tion B. Total Support	<u> </u>				L	86,061
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	30,678	21,435	13,840	11,380	20,215	97,548
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	9,818	8,528	12,967	8,563	8,623	48,499
	sources	3,010	0,320	12,307	0,303	8,023	40,499
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		**************************************				
11	Total support. Add lines 7 through 10	<u> </u>		1			146,047
12	Gross receipts from related activities, etc. (s	•				12	
13	First five years. If the Form 990 is for the o	=	econd, third, fourth	, or fifth tax year as	a section 501(c)(3	5)	. —
Sec	organization, check this box and stop here tion C. Computation of Public Su		ane				
14	Public support percentage for 2009 (line 6,	··-				14	58.93%
15	Public support percentage from 2008 Sched	• •	• • •	"		15	65.36%
16a	33 1/3 % support test—2009. If the organiz	*		and line 14 is 33 1	/3 % or more, chec		03.30 %
	and stop here. The organization qualifies a				·		▶ X
b	33 1/3 % support test—2008. If the organiz			16a, and line 15 is	33 1/3 % or more,	check this	
	box and stop here. The organization qualifi	ies as a publicly sup	ported organization	1			. ▶ 🗌
17a	10%-facts-and-circumstances test—2009 more, and if the organization meets the "fac	_			•		
	organization meets the "facts-and-circumsta			•	•		▶ 🗍
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "fac	=					_
	organization meets the "facts-and-circumsta					11017 (110	▶ □
18	Private foundation. If the organization did	-	· ·		-	structions	\

(e) 2009

(d) 2008

Calendar year (or fiscal year beginning in) ▶

Section A. Public Support

Page 3

(f) Total

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

(a) 2005

(b) 2006

(c) 2007

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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								
7a	received from disqualified persons								
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year			 			\longrightarrow		
c	Add lines 7a and 7b			ļ					
8	Public support (Subtract line 7c from line 6)								
	tion B. Total Support					,			
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total	1
9	Amounts from line 6		ļ		ļ				
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								
С	Add lines 10a and 10b						\longrightarrow		
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,				Į.				
	and 12)	L	1	1		L	l		
14	First five years. If the Form 990 is for the organization, check this box and stop here	_	second, third, fou	th, or fifth tax year	as a section 501(c)	(3)		ļ	<u> </u>
Sec	tion C. Computation of Public Su	ipport Percen	tage						
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	ı (f))			15		%
16	Public support percentage from 2008 Sche	dule A, Part III, line	e 15				16		%
	tion D. Computation of Investme								
17	Investment income percentage for 2009 (III			column (f))			17		%
18	investment income percentage from 2008			•			18		%
19a	33 1/3 % support tests—2009. If the orga			14, and line 15 is n	nore than 33 1/3 %,	and line			
	17 is not more than 33 1/3 %, check this be							1	▶ [
b	33 1/3 % support tests—2008. If the orga								
-	line 18 is not more than 33 1/3 %, check th							1	▶ [
20	Private foundation. If the organization did		-					<u></u>]	▶
						hadula A (Ea	000	or 000 EZ\	2000

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

22-2672287

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
ADMINISTRATION EXPENSES	10
NJ REGISTRATION FEES	2
MEETING EXPENSES	1,33
TOTAL	\$1,46

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS	\$
TOTAL	\$

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	 Beginning of Year	 End of Year
ISRAEL FUND INTERMEDIATE-TERM TREASURY FUND LONG-TERM BOND INDEX FUND LONG-TERM TREASURY FUND WELLINGTON FUND DIVIDEND FUND EQUITY INCOME FUND 500 INDEX FUND	\$ 500 38,364 19,377 44,612 4,517 19,012 8,360 8,485	\$ 785 47,563 29,381 48,645 5,519 12,202 9,789 10,733
	143,227	 164,617

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Federal Statements

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO RAISE FUNDS FOR SCHOLARSHIP AWARDS GIVEN TO STUDENTS PLANNING TO ENTER THE LEGAL PROFESSION.

MONMOUTH BAR FOUNDATION SUPPORT SCHEDULE FORM 990EZ, Page 1, Line 10 GRANTS & SIMILAR AMOUNTS PAID 2009

<u>NAME</u>	DATE OF <u>GIFT</u>	DESCRIPTION	AMOUNT
Legal Aid Society	10/1/2009	Contribution	2,500 00
Matthew DeSanctis Mark Impellizeri Richard Angelo Andrew Leimbach Dennis Melofchik Anthony DiAntonio Michael Fusco Matthew Bonanno Jeffrey Palumbo Jeffrey Plate Jarryd Anderson Mandy Sheridan Allison Krilla	1/1/2009 9/17/2009 9/17/2009 9/17/2009 9/17/2009 9/17/2009 9/17/2009 9/17/2009 9/17/2009 9/17/2009 9/17/2009 9/17/2009 9/17/2009	Scholarship Scholarship Scholarship Scholarship Scholarship Scholarship Scholarship Scholarship Scholarship Scholarship Scholarship	1,500 00 1,250 00 1,250 00 1,250 00 1,250 00 1,250 00 1,750 00 1,750 00 1,250 00 1,750 00 1,250 00 1,750 00 1,750 00
Kate Murray Matthew Weiss Hali Berber Adam Axel Ryan Tetro	9/17/2009 9/17/2009 9/17/2009 9/17/2009 9/17/2009	Scholarship Scholarship Scholarship Scholarship Scholarship	1,250 00 1,250 00 1,250 00 500 00 500 00
Total to Form 990EZ, Page 1, line 10		_	25,750 00

Monmouth Bar Foundation List of Officers and Trustees 2009

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