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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

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

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

A For 2009 calendar year, or tax year beginning JULY 01, 2009, and ending JUNE 30, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: Assoc. of Black Women Lawyers of New Jersey, Inc. D Employer identification number: 22-2226082. E Telephone number: (908) 206-0751. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual. Other (specify)

I Website: www.abwlnj.org. H Check [X] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) -- [X] 501(c)(3) (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.

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. \$ 64,893

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

Table with columns for Revenue (lines 1-9), Expenses (lines 10-17), and Assets (lines 18-21). Includes a 'RECEIVED' stamp dated MAY 19 2011 from OGDEN, UT.

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.

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

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

SCANNED JUN 20 2011

16

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? | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | |
| b | Did the organization file Form 1120-POL for this year? | 37b | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | X |
| 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 | X |
| 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 | NONE | |
| 42a | The organization's books are in care of | See attachment #5 | |
| | Located at | Telephone no | |
| | | ZIP + 4 | |
| 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)? | Yes | No |
| | If "Yes," enter the name of the foreign country: | 42b | X |
| | 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 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 | 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

Table with 3 columns: Question (46-49b), Yes, No. Contains questions about political activities, lobbying, school status, and transfers to exempt organizations.

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."

Table with 5 columns: (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. All cells are empty.

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 "

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. All cells are empty.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Carolyn V. Chang, Date: 5/16/2011, Title: Treasurer

Paid Preparer's Use Only

Preparer's signature: Duane G. Myers, Date: 5/6/2011, Check if self-employed: [X], Preparer's identifying no.: P01312117, Firm's name: Duane G. Myers CPA, 714 E Main St Ste 2E, Moorestown, NJ 08057, EIN: 22-3193578, Phone no.: 856-235-4870

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **Assoc of Black Women Lawyers of New Jersey, Inc**
Employer identification number: **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: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III--Functionally integrated
 - d Type III--Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) A family member of a person described in (i) above? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col (i) organized in the US? | | (vii) Amount of support |
|------------------------------------|----------|---|--|----|--|----|--|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal 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.") | 30297 | 17290 | 14573 | 17545 | 10090 | 89795 |
| 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 | | 46930 | 34299 | 31990 | 54803 | 168022 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | 272 | 225 | | | | 497 |
| 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 | 30569 | 64445 | 48872 | 49535 | 64893 | 258314 |
| 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 \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 258314 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 30569 | 64445 | 48872 | 49535 | 64893 | 258314 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | 30569 | 64445 | 48872 | 49535 | 64893 | 258314 |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

| | | |
|--|----|-----|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

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

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

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

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

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

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

| REVENUE | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) thru col (c)) |
|-----------------|--|-----------------------|---|---|---|
| | | 1 | Gross revenue | | |
| DIRECT EXPENSES | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No |
| 7 | Direct expense summary Add lines 2 through 5 in column (d) | | | | () |
| 8 | Net gaming income summary Combine line 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 | X |
| b If "No," explain: _____ | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .. | 10a | X |
| b If "Yes," explain: _____ | | |
| 11 Does the organization operate gaming activities with nonmembers? .. | 11 | X |
| 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 | 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 ▶ \$ _____ 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 | | X |
| 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 ▶ \$ | | |

PRIMARY EXEMPT PURPOSE

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

| | | | |
|----------------------------------|---|---------------------------------|---|
| Open to Public Inspection | For calendar year 2009 or tax period beginning 07-01 | , and ending 06-30-2010. | |
| Name of Organization | Assoc of Black Women Lawyers of New Jersey, Inc | | Employer Identification Number 22-2226082 |

Primary Purpose

The organization seeks to encourage member participation 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.

SCHEDULE OF OTHER EXPENSES

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

| | | | |
|---|--|--------------------------------|-------------|
| Open to Public Inspection | For calendar year 2009 or tax period beginning | 07-01-2009, and ending | 06-30-2010. |
| Name of Organization | | Employer Identification Number | |
| Assoc of Black Women Lawyers of New Jersey, Inc | | 22-2226082 | |

| Description of Other Expenses | Amount |
|--|---------------|
| Bank fee | 375 |
| Safeguard business checks | 77 |
| Conferences and committee meetings | 1,950 |
| Website expense | 242 |
| Susan G. Komen Foundation donation | 1,500 |
| Sisters Network of Central N.J. donation | 500 |
| Legal games of chance filing fees | 40 |
| Post office box rental | 96 |
| Professional dues and memberships | 450 |
| Postage | 101 |
| Scholarship awards | 12,000 |
| Total | 17,331 |

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: page 1 - 990-EZ Page 3, Part III

| | | | |
|---------------------------|--|------------------------|-------------|
| Open to Public Inspection | For calendar year 2009 or tax period beginning | 07-01-2009, and ending | 06-30-2010. |
|---------------------------|--|------------------------|-------------|

| | |
|---|--------------------------------|
| Name of Organization | Employer Identification Number |
| 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 | 19,681 |
|------------------------|--------------------------------|--------------------------|--------|

Exempt Purpose Achievements

Conducted Annual Community Law Day educational forum to increase and encourage a diverse ethnic and racial participation in the legal profession. The forum was attended by students from urban schools. The organization sponsored ten children for an New Jersey Orators event which seeks to enhance public speaking and leadership self confidence. Also, the organization sponsored a court night program.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990-EZ Page 2, Part IV

| | |
|---------------------------|---|
| Open to Public Inspection | For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010. |
|---------------------------|---|

| | |
|---|--|
| Name of Organization Assoc of Black Women Lawyers of New Jersey, Inc | Employer Identification Number 22-2226082 |
|---|--|

| (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 |
|--|------------------------------------|---|--|--|
| Katherine S. Wade P.O. Box 22524 Trenton, NJ 08607 | President 3.00 | 0 | 0 | 0 |
| Dawn M. DuVerney P.O. Box 22524 Trenton, NJ 08607 | Vice-President 2.00 | 0 | 0 | 0 |
| Tana McPherson P.O. Box 22524 Trenton, NJ 08607 | Secretary 2.00 | 0 | 0 | 0 |
| Carolyn V. Chang 133 High Street Mount Holly, NJ 08060 | Treasurer 2.00 | 0 | 0 | 0 |

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

| | | | | |
|---|--|-------|--------------|--------------------------------|
| Open to Public Inspection | For calendar year 2009 or tax period beginning | 07-01 | , and ending | 06-30-2010. |
| Name of Organization | | | | Employer Identification Number |
| Assoc of Black Women Lawyers of New Jersey, Inc | | | | 22-2226082 |
| Part V - Line 42a | | | | |

Individual Name Carolyn V. Chang
or
Business Name.

Street Address 133 High Street

U S. Address
Zip code 08060 City Mount Holly State NJ
or

Foreign Address
City _____
Province or State _____
Country _____
Postal code _____
Phone Number (609) 261-4224
Fax Number _____

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

| | |
|--|---|
| Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) | |
| Type or print File by the extended due date for filing the return See instructions. | Name of Exempt Organization Assoc of Black Women Lawyers of New Jersey, Inc Employer Identification number 22-2226082 Number, street, and room or suite no. If a P.O. box, see instructions P.O. Box 22524 City, town or post office, state, and ZIP code. For a foreign address, see inst. Trenton NJ 08607 For IRS use only |

Check type of return to be filed (File a separate application for each return)

| | | | |
|---|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **CAROLYN V. CHANG, ESQ.**
Telephone No **609-261-4224** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 16 2011.

5 For calendar year _____, or other tax year beginning JUL 01, 2009, and ending JUN 30, 2010.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension: Additional time needed to acquire records provide to prior years tax preparer. He has not responded to our previous requests. Subsequently, we will need to meet with a new accountant.

| | | | |
|--|-----------|----|---|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 0 |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0 |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 8c | \$ | 0 |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Diane W Myers Title Accountant/CRA Date 2-14-2011

JVA 09 88682 TWF 33326 Copyright Forms (Software Only) - 2009 TW Form 8868 (Rev. 4-2009)