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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)

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2010 calendar year, or tax year beginning 2010, and ending 2010; B Check if applicable; C Name of organization TRENT HOUSE ASSOCIATION; D Employer identification number 23-7378513; E Telephone number (609) 989-0087; F Name and address of principal officer; G Gross receipts \$ 47,592; H(a) Is this a group return for affiliates? Yes No; H(b) Are all affiliates included? Yes No; I Tax-exempt status 501(c)(3); J Website: www.williamtrenthouse.org; K Form of organization Corporation; L Year of formation 1939; M State of legal domicile NJ

Part I Summary table with columns for Revenue and Expenses. Rows include: 1 Briefly describe the organization's mission or most significant activities; 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets; 3-6 Governing body statistics; 7a-7b Revenue and net unrelated business taxable income; 8-12 Revenue breakdown; 13-19 Expense breakdown; 20-22 Total assets, liabilities, and net assets.

Part II Signature Block

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 Peter Maruca, dated 8.12.11. Type or print name and title.

Paid Preparer Use Only section including: Print/Type preparer's name Edward Adams; Preparer's signature; Date 8-9-11; Firm's name Adams and Assoc PC; Firm's address 1719 Callender Rd Thompson PA 18465; Firm's EIN 22-3208950; Phone no. (570) 727-3325.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

SCANNED AUG 25 2011

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

Furnishing the Trent House, Maintaining the furnishings

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code 712100) (Expenses \$ 29,014 including grants of \$) (Revenue \$ 43,853)

See attachment #1

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 29,014

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 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.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes" complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	N/A	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization 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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?		X
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	N/A	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	N/A	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization See attachment #2

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
									0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE			
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
OTHER CONTRIBUTIONS	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	6,947				
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	32,930				
	g	Noncash contributions included in lines 1a-1f	\$					
	h	Total. Add lines 1a-1f			39,877			
PROGRAM SERVICE REVENUE	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		4,663	4,663			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
c	Gain or (loss)							
d	Net gain or (loss)							
8a	Gross income from fundraising events (not including \$ 1,692 of contributions reported on line 1c) See Part IV, line 18.	a	1,692					
b	Less direct expenses	b	1,694					
c	Net income or (loss) from fundraising events			-2				
9a	Gross income from gaming activities See Part IV, line 19	a						
b	Less direct expenses	b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a	1,360					
b	Less cost of goods sold	b	405					
c	Net income or (loss) from sales of inventory			955				
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions			45,493	4,663			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	1,200		1,200	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,191		1,191	
g Other	10,904	10,904		
12 Advertising and promotion				
13 Office expenses	1,633		1,633	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,179	8,692	487	
23 Insurance	3,261	2,633	628	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a <u>Cleaning and Maintenance - C</u>	5,253	5,253		
b <u>Telephone</u>	979		979	
c <u>Newsletter</u>	904	904		
d <u>Supplies</u>	398	398		
e <u>Speaker</u>	200	200		
f All other expenses #3.	116	30	86	
25 Total functional expenses. Add lines 1 through 24f	35,218	29,014	6,204	
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X		Balance Sheet		(A)		(B)	
				Beginning of year		End of year	
ASSETS	1	Cash – non-interest bearing		26,123	1	30,198	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3	6,947	
	4	Accounts receivable, net		75	4		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		3,224	8	3,124	
	9	Prepaid expenses and deferred charges			9	11,500	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a	290,923			
	b	Less accumulated depreciation	10b	229,645	68,821	10c	61,278
	11	Investments -- publicly traded securities		290,872	11	286,257	
	12	Investments -- other securities See Part IV, line 11			12		
	13	Investments -- program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		389,115	16	399,304		
LIABILITIES	17	Accounts payable and accrued expenses		857	17	776	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		857	26	776	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		254,235	27	261,150	
	28	Temporarily restricted net assets		58,708	28	62,063	
	29	Permanently restricted net assets		75,315	29	75,315	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building, or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		388,258	33	398,528	
	34	Total liabilities and net assets/fund balances		389,115	34	399,304	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,493
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,218
3	Revenue less expenses Subtract line 2 from line 1	3	10,275
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	388,258
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	398,528

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits ... N/A		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

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

TRENT HOUSE ASSOCIATION

Employer identification number

23-7378513

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?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(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									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	16,150	24,648	29,119	30,817	39,877	140,611
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	16,150	24,648	29,119	30,817	39,877	140,611
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)						
6 Public support. Subtract line 5 from line 4						140,611

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	16,150	24,648	29,119	30,817	39,877	140,611
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,979	10,251	10,398	4,336	4,663	41,627
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,186	841	1,362	554	1,005	4,948
11 Total support. Add lines 7 through 10						187,186
12 Gross receipts from related activities, etc. (see instructions)					12	

13 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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	75.12 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%

16a 33 1/3 % support test -- 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support test -- 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test -- 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test -- 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization **TRENT HOUSE ASSOCIATION** Employer identification number **23-7378513**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- | | |
|--|---------------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ <u>285,498</u> |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a [X] Public exhibition
b [] Scholarly research
c [] Preservation for future generations
d [] Loan or exchange programs
e [] Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [] Yes [X] No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [] Yes [] No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? [] Yes [] No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance)

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Small table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other

Total. Add lines 1a through 1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

Part VII Investments -- Other Securities. See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments -- Program Related. See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15	
(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	45,493
2	Total expenses (Form 990, Part IX, column (A), line 25)	35,218
3	Excess or (deficit) for the year. Subtract line 2 from line 1	10,275
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10,275

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Historical and time period related items held in collection and publically displayed in the Trent House in Trenton NJ

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

TRENT HOUSE ASSOCIATION

Employer identification number

23-7378513

Board Members Derrick Sutphin and Anne Sutphin are
related by marriage

List of Officers and Board Members Attached

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning	, and ending
---------------------------	---	--------------

Name of Organization TRENT HOUSE ASSOCIATION	Employer Identification Number 23-7378513
---	--

Part III - Statement of Program Service Accomplishments

Code	712,100	Expenses	29,014	including Grants of	Revenue	43,853
------	---------	----------	--------	---------------------	---------	--------

Exempt Purpose Achievements

Promote historic Trent House in Trenton NJ by furnishing the Trent House and maintain furnishings

990 BOOKS ARE IN CARE OF

Attachment 2: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending
Name of Organization TRENT HOUSE ASSOCIATION		Employer Identification Number 23-7378513

Part VI - Line 20

Individual Name Michael Schoering
or
Business Name:

Street Address 15 Market Street

U S. Address

Zip code 08611 City Trenton State NJ

Foreign Address

City _____

Province or State _____

Country _____

Postal code _____

Phone Number (609) 989-0087

Fax Number _____

709 SCHEDULE OF OTHER EXPENSES

Attachment 3: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection	For calendar year 2010 or tax period beginning _____, and ending _____	Employer Identification Number 23-7378513
Name of Organization TRENT HOUSE ASSOCIATION		

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
State NJ tax	60		60	
Memberships	30	30		
Bank Fees	26		26	
Total:	116	30	86	

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return TRENT HOUSE ASSOCIATION	Business or activity to which this form relates FOR FORM 990	Identifying number 23-7378513
---	--	---

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	500,000
6 (a) Description of property (b) Cost (busn use only) (c) Elected cost		
7 Listed property Enter the amount from line 29		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		
9 Tentative deduction. Enter the smaller of line 5 or line 8		
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		
500,000		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	8,945
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	18	

Section B -- Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property See Statement						234
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	9,179
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

**7-YEAR ASSETS PLACED IN SERVICE DURING 2010
USING GENERAL DEPRECIATION SYSTEM**

TRENT HOUSE ASSOCIATION
23-7378513

19c Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
butter churn	11-22-2010	200	7	HY	200 DB	29
metal skillet	08-08-2010	450	7	HY	200 DB	64
pottery from westm	07-02-2010	986	7	HY	200 DB	141

Total

234

2010 Federal Depreciation Schedule

TRENT HOUSE ASSOCIATION
23-7378513

08-03-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
And & Stauf Candelst	06-01-09	200DBHY	7	1,667	0	0	0	1,667	238	408
anderson & stauffer	11-25-08	200DBHY	7	5,833	0	0	0	5,833	2,263	1,020
anderson & stauffer	06-18-08	200DBHY	7	5,333	0	0	0	5,333	2,068	933
butter churn	11-22-10	200DBHY	7	200	0	0	0	200	0	29
design on kitchen	04-25-08	200DBHY	7	2,000	0	0	0	2,000	776	350
ed dallas sheves	07-01-09	200DBHY	7	3,300	0	0	0	3,300	472	808
Equipment	01-01-00	200DBHY	7	3,902	0	0	0	3,902	3,631	0
Historic Furniture	07-01-07	200DBHY	7	21,533	0	0	0	21,533	12,116	2,689
Historic Furniture	01-01-02	200DBHY	7	231,549	0	0	0	231,549	193,827	0
junction pc	03-16-09	200DBHY	5	1,292	0	0	0	1,292	258	413
kitchen shelves	09-29-08	200DBHY	7	4,000	0	0	0	4,000	1,552	700
metal skillet	08-08-10	200DBHY	7	450	0	0	0	450	0	64
mirror rest Wm Lewi	11-25-08	200DBHY	7	7,248	0	0	0	7,248	2,811	1,268
n larson pay't	07-01-09	200DBHY	7	545	0	0	0	545	78	133
nat lesson furn	01-03-08	200DBHY	7	853	0	0	0	853	331	149
pottery from westm	07-02-10	200DBHY	7	986	0	0	0	986	0	141
printer	12-28-09	200DBHY	5	231	0	0	0	231	46	74
17 Assets			Totals.	290,922	0	0	0	290,922	220,467	9,179
17 Assets			Grand Totals	290,922	0	0	0	290,922	220,467	9,179

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2010 AMT Depreciation Schedule

TRENT HOUSE ASSOCIATION
23-7378513

08-03-2011

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
Form 990								
And & Stauf Candelst	06-01-09	150DBHY	7	1,667	179	319	408	89
anderson & stauffer	11-25-08	150DBHY	7	5,833	1,741	877	1,020	143
anderson & stauffer	06-18-08	150DBHY	7	5,333	1,591	802	933	131
butter churn	11-22-10	150DBHY	7	200	0	21	29	8
design on kitchen	04-25-08	150DBHY	7	2,000	597	301	350	49
ed dallas sheves	07-01-09	150DBHY	7	3,300	353	631	808	177
Equipment	01-01-00	150DBHY	7	3,902	3,631	0	0	0
Historic Furniture	07-01-07	150DBHY	7	21,533	9,661	2,638	2,689	51
Historic Furniture	01-01-02	150DBHY	7	231,549	42,559	0	0	0
junction pc	03-16-09	150DBHY	5	1,292	194	329	413	84
kitchen shelves	09-29-08	150DBHY	7	4,000	1,193	601	700	99
metal skillet	08-08-10	150DBHY	7	450	0	48	64	16
mirror rest Wm Lewi	11-25-08	150DBHY	7	7,248	2,163	1,089	1,268	179
n larson pay't	07-01-09	150DBHY	7	545	58	104	133	29
nat lesson furn	01-03-08	150DBHY	7	853	254	128	149	21
pottery from westm	07-02-10	150DBHY	7	986	0	106	141	35
printer	12-28-09	150DBHY	5	231	35	59	74	15
17 Assets	Totals			290,922	64,209	8,053	9,179	1,126
17 Assets	Grand Totals			290,922	64,209	8,053	9,179	1,126

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

TRENT HOUSE ASSOCIATION
 15 Market Street
 Trenton, NJ 08611
 609-989-0087
www.williamtrenthouse.org

BOARD OF TRUSTEES AND STAFF
 as of June 8, 2011

Name	Contact Info	Position / Class / Committee
Officers		
Mr. Peter J. Maruca PO Box 534 Haverford, PA 19041	W. 610-649-4545 Cell 610-639-4630 Fax 610-649-4664 pmaruca@oriongc.com	President / 2014 / All
Ms. Carolyn Stetson 1 Ivy Court Trenton, NJ 08618	H. 609-599-2439 Cell 609-915-6451 cpstets22@aim.com	Vice President / 2012 / Hospitality Chair/ Nominations Chair
Mr. Michael Schnoering 8 Ardsley Road Yardley, PA 19067	H. 609-577-7895 W. 609-681-2480, x102 Cell 609-577-7895 Fax 609-681-2481 mikes@msarchitectsllc.com	Investments Treasurer / 2014 / Finance Chair, ADA Chair
Ms. Jennifer Stark 8 Ardsley Road Yardley, PA 19067	H. 609-577-7895 W. 215-295-1207 Cell 267-307-6447 jstarkaia@verizon.net	Secretary / 2012 / Collections, Finance, ADA
Mr. Douglas W. Kale Kale's Nursery and Landscape, Inc. 133 Carter Road Princeton, NJ 08540	W. 609-921-9248 Fax 609-497-0266 dkale@kalesnursery.com	Daily Ops Treasurer / 2013 / Finance
Board		
Ms. Wendy Clarke 944 Cherry Valley Road Princeton, NJ 08540	H. 609-466-0590 Cell 609-273-4374 wwc944@aol.com	2013 / Museum Shop
Ms. Anne Clementson 304 West Welling Avenue Pennington, NJ 08534	H. 609-737-1583 W. 609-737-1902, x 116 anne.clementson@electrochem.org	DAR rep, Hospitality, Museum Shop
Ms. Susan Fox 17 Richey Place Trenton, NJ 08618	H. 609-396-3295 hjfl7sue@aol.com	2012 / Museum Shop
Ms. Heather Gibson 208 Tasker Street Philadelphia, PA 19148	215-551-2097 gibsongirlphilly@gmail.com	2013 eff.6/7/2011
Mr. Robert Innis 625A Rose Hollow Drive Yardley, PA 19067	H. 215-493-2365 robinnis@prodigy.net	2013 / Finance
Ms. Jane Rosenbaum 945 Berkeley Avenue Trenton, NJ 08618-5321	H. 609-989-9759 Cell 609-575-6947 rosenbaum@rider.edu	2014 eff.2/8/2011

Ms. Deborah Roussell 1728 Riverside Drive Trenton, NJ 08618	H. 609-396-5253 Cell 609-575-6267 blueriverjazz@aol.com	2014 / Museum Shop Chair
Ms. Bea Scala-Fischler 127 Cadwalader Drive Trenton, NJ 08618	H. 609-599-9520 fischscala@comcast.net	2013
Ms. Ann Sutphin PO Box 33 Mechanicsville, PA 18934	H. 215-794-7552 adsutphin@verizon.net	Appointed by the Garden Club of Trenton – 2 years remaining
Ms. Nicole Yull 84 Oak Lane Trenton, NJ 08618	H: 609-396-1252 Cell 609-203-0219 ihrtny@aol.com	2014 eff. 5/19/2011
Staff		
Ms. Rhett Pernot (City of Trenton employee) Museum Director The William Trent House Museum 15 Market Street Trenton, NJ 08611	W. 609-989-3027 Cell 609-922-9488 Fax 609-278-7890 rpernot@trentonnj.org H. 609-695-8825	Collections
Ms. Beverly Mills Administrator The Trent House Association 15 Market Street Trenton, NJ 08611	W. 609-989-0087 Cell 609-902-5861 trenthouseassociation@verizon.net beverly.b.mills@gmail.com H. 609-466-3932	
Trustees by Class		
2012 Fox 2 nd term Stark 3 rd term Stetson 2 nd term 2013 Clarke 2 nd term Gibson 1 st term Innis 3 rd term Kale 1 st term Scala-Fischler 1 st term 2014 Maruca 3 rd term Rosenbaum 1 st term Roussell 3 rd term Schnoering 3 rd term Yull 1 st term DAR rep Anne Clementson GCT rep Ann Sutphin		



EDWARD ADAMS, CPA
REGISTERED REPRESENTATIVE

ADAMS & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANT

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MEMBER OF
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

Trent House Association, Inc.
15 Market Street
Trenton, NJ 08611

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying Statement of Financial Position of Trent House Association, Inc., as of December 31, 2010 and the related Statement of Activities and Net Assets, and Statement of Cash Flows for the year then ended. These financial statements are the responsibility of Trent House Association, Inc's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Trent House Association, Inc., as of December 31, 2010, and the results of its operations and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Adams & Associates, PC
Trenton, New Jersey
Thompson, Pennsylvania

August 3, 2011

Trent House Association, Inc.
Statement of Financial Position
December 31, 2010

Assets

Current Assets	
Cash	\$ 30,198
Temporary Investments	286,257
Grants and Accounts Receivable	6,947
Deposits on Collectible Purchases	11,500
Inventory-Gift Shop	<u>3,124</u>
Total Current Assets	338,026
Property and Equipment	
Equipment	5,425
Collection	<u>285,498</u>
Total Cost	290,923
Less Accumulated Depreciation	<u>(229,645)</u>
Net Property and Equipment	<u>61,278</u>
Total Assets	<u><u>399,304</u></u>

Liabilities and Net Assets

Current Liabilities	
Accounts Payable	\$ <u>776</u>
Total Liabilities	<u>776</u>
Net Assets	
Unrestricted Net Assets	261,150
Temporarily Restricted Net Assets	62,063
Permanently Restricted Net Assets	<u>75,315</u>
Total Net Assets	<u>398,528</u>
Total Liabilities and Net Assets	<u><u>399,304</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS
STATEMENT

Trent House Association, Inc.
Statement of Activity
December 31, 2010

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Support and Revenue:				
Contributions	\$ 32,930	\$ -	\$ -	\$ 32,930
Dues	-	-	-	-
Grant Income	-	6,947	-	6,947
Special Events	1,692	-	-	1,692
Gift Shop Sales	1,360	-	-	1,360
Interest Income	1,067	-	-	1,067
Dividend Income	3,767	-	-	3,767
Capital Gain Income	(171)	-	-	(171)
Realized Gain on Security Sale	<u>0</u>	<u>-</u>	<u>-</u>	<u>0</u>
Total Support and Revenue	<u>40,645</u>	<u>6,947</u>	<u>-</u>	<u>47,592</u>
Net Assets Released from Restrictions	3,592	(3,592)	-	0
Expenses				
Program Services:				
Depreciation	8,692	-	-	8,692
Outside Consultants	10,904	-	-	10,904
Furniture Insurance	2,633	-	-	2,633
Contributions	0	-	-	0
Cleaning and Maintenance	5,253	-	-	5,253
Fundraising Expenses	1,694	-	-	1,694
Speaker	200	-	-	200
Memberships	30	-	-	30
Newsletter Expenses	904	-	-	904
Supplies	<u>398</u>	<u>-</u>	<u>-</u>	<u>398</u>
Total Program Services	30,708	-	-	30,708
Support Services:				
Cost of Goods Sold - Gift Shop	405	-	-	405
Insurance	628	-	-	628
State Taxes	60	-	-	60
Telephone	979	-	-	979
Office	1,633	-	-	1,633
Bank and Investment fees	1,217	-	-	1,217
Audit	1,200	-	-	1,200
Depreciation	<u>487</u>	<u>-</u>	<u>-</u>	<u>487</u>
Total Support Services	<u>6,609</u>	<u>-</u>	<u>-</u>	<u>6,609</u>
Total Expenses	<u>37,317</u>	<u>-</u>	<u>-</u>	<u>37,317</u>
Increase (decrease) in Net Assets	6,920	3,355	-	10,275
Net Assets - Beginning of Year	<u>254,230</u>	<u>58,708</u>	<u>75,315</u>	<u>388,253</u>
Net Assets - End of Year	<u>\$ 261,150</u>	<u>\$ 62,063</u>	<u>\$ 75,315</u>	<u>\$ 398,528</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS
STATEMENT

Trent House Association, Inc.
Statement of Cash Flows
December 31, 2010

<u>Cash Flow from Operating Activities</u>	
Change in Net Assets	\$ 10,275
Adjustments to reconcile change in Net Assets To Net Cash provided by Operating Activities	
Depreciation	9,179
Change in Assets and Liabilities:	
Increase (Decrease) in Cash Flows Effected By Change In:	
Inventory	100
Accounts Receivable	(6,872)
Accounts Payable	<u>(81)</u>
Total Adjustments	<u>2,326</u>
 Net Cash Provided (Used by) Operating Activities	 <u>\$ 12,601</u>
 <u>Cash Flow from Investing Activities</u>	
Net Transfer from Investments	4,610
Deposits on Collectible Purchases	(11,500)
Purchase of Furniture	<u>(1,636)</u>
 Net Cash (Used In) Investing Activities	 <u>(8,526)</u>
 <u>Cash Flow from Financing Activities</u>	
None	
 Net Decrease in Cash	 4,075
Cash - Beginning of Year	<u>26,123</u>
Cash - End of Year	<u>\$ 30,198</u>
 Supplemental Disclosures:	
Cash Paid for Interest	0
Cash Paid for Income Tax	60

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS
STATEMENT

Trent House Association, Inc.
Notes to Financial Statements
December 31, 2010

Note 1. The Trent House Association, Inc. was formally organized in 1939. The functions of the association, an all-volunteer organization, are to care for the furnishings collection, to raise money for the management and maintenance of the collection, to sponsor programs and activities that promote interest and involvement in the preservation of the William Trent House. The William Trent House, a city owned property, is the oldest extant building in the City of Trenton and is inextricably connected to its industrial and political history.

The Corporation is exempt from federal income tax under Section 501 (c) as a publicly supported organization described in Section 509 (a)(1) and 170 (b)(a)(vi).

Note 2. Significant Accounting Policies

a. Revenue Recognition

The company recognized revenues on an accrual basis. Revenue consist of contributions, various grants, sales from the Gift Shop and investment income

b. Property and Equipment

Property and Equipment are stated at cost. Assets available to be used by the Corporation (via the City of Trenton), but not paid for by it, are not recorded. Depreciation of property and equipment is computed using accelerated methods based primarily on seven year lives.

c. For the purposes of the Statement of Cash Flows, the company considers all highly liquid debt instruments purchased with a maturity of, or maturing within, three months or less of the statement date, to be cash equivalents.

d. Donated Services

No amounts have been included in the financial statements for the volunteers who have donated a significant amount of time to the goals of the Trent House Association. There is no objective basis to measure the value of such service.

Trent House Association, Inc.
Notes to Financial Statements
December 31, 2010

- Note 3. Pervasiveness of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimated.
- Note 4. Commitments
In 2010, the company entered into an agreement to purchase additional furniture for the collection. A collectible Piece and kitchen design are still under construction or development. The Organization has committed to pay an additional \$10,000 upon delivery expected in 2011.
- Note 5. Concentration of Credit Risk
The Organization maintains cash balances at several financial institutions located in New Jersey. The balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. At December 31, 2010 there were no uninsured balances.
- Note 6. Temporary Investments
Temporary investments include investments in marketable securities, CD's and various mutual funds and are recorded at cost or at the lower of cost or market if management deems that the decline in value is permanent. At December 31, 2010, fair market value was less than book value by \$8,810. This decline is not anticipated to be permanent and reflects improvement over 2009 balances. Total fair value of investments at December 31, 2010 was \$277,446.

Investments at Cost	\$286,256
Unrealized Loss in Value	(8,810)

	\$277,446

Trent House Association, Inc.
Notes to Financial Statements
December 31, 2010

Note 7. Accounts Receivable

A government grant approved in 2010 was received in 2011 in the amount of \$6,947.

Note 8. Permanently Restricted Assets consist of \$75,315 set aside for future operations of the organization. The balance remains unchanged year to year. Temporarily Restricted Assets consist of restricted donations for the purchase of historic furniture and pieces consistent with the Colonial New Jersey period. At December 31, 201- \$62,063 has been set aside for furniture acquisitions of historic pieces.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization TRENT HOUSE ASSOCIATION	Employer identification number 23-7378513
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 15 MARKET STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Trenton NJ 08611	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ See attachment #2

Telephone No ▶ _____ 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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 30, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20 10 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a 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.	3a	\$	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.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Paperwork Reduction Act Notice, see Instructions.