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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)  
 ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MERCER COUNTY BAR FOUNDATION INC	<b>D</b> Employer identification number 22-3367993
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 1245 WHITEHORSE-MERCERVILLE RD NO 420	<b>E</b> Telephone number (609) 585-6200
	City or town, state or country, and ZIP + 4 MERCERVILLE, NJ 08619	<b>F</b> Group Exemption Number ▶

**G** Accounting method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I Website:** ▶ WWW.MERCERBAR.COM

**J Tax-Exempt status** (check only one) —  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 48,885

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>		<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>		<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
<b>3</b>	Membership dues and assessments	<b>3</b>		<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)
<b>4</b>	Investment income	<b>4</b>	1,219	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20. ▶
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>			
<b>b</b>	Less cost or other basis and sales expenses	<b>5b</b>			
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>			
<b>6</b>	Gaming and fundraising events				
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>			
<b>b</b>	Gross income from fundraising events (not including \$ 3,396 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	36,650		
<b>c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>	32,245		
<b>d</b>	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	<b>6d</b>	4,405		
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>			
<b>b</b>	Less cost of goods sold	<b>7b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>			
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>			
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	16,640		
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	14,500		
<b>11</b>	Benefits paid to or for members	<b>11</b>			
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>			
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	8,700		
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>			
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	1,646		
<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	4,466		
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	29,312		
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>		<b>18</b>	-12,672
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>		<b>19</b>	145,587
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>		<b>20</b>	0
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	<b>21</b>		<b>21</b>	132,915

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	137,839	<b>22</b> 133,894
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	11,048	<b>24</b> 3,121
<b>25 Total assets</b> . . . . .	148,887	<b>25</b> 137,015
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	3,300	<b>26</b> 4,100
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	145,587	<b>27</b> 132,915

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
THE FOUNDATION'S MISSION IS TO PROVIDE THE FOLLOWING TO THE CITIZENS OF MERCER COUNTY TO SERVE AS AN UMBRELLA FOR CHARITABLE GIVING TO CHARITIES AND PROGRAMS WHOSE GOAL IS THE IMPROVEMENT OF THE ADMINISTRATION OF JUSTICE, TO INCREASE THE AVAILABILITY OF HIGH-QUALITY LEGAL SERVICES TO THE POOR AND DISADVANTAGED CITIZENS, TO PROMOTE THE STUDY OF LAW AND RESEARCH THROUGH THE PROVIDING OF LAW SCHOOL SCHOLARSHIPS, TO PROVIDE AN OUTLET TO ATTORNEYS FOR CHARITABLE WORKS RELATING TO THE LEGAL PROFESSION, TO HELP PROMOTE A BETTER UNDERSTANDING OF THE LAW AND THE LEGAL SYSTEM, AND TO SPONSOR AND ENCOURAGE FORUMS FOR THE CREATION OF INNOVATIVE PROGRAMS FOR THE DELIVERY OF LEGAL SERVICES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> PROVIDE GRANTS TO SCHOOLS AND YOUTH ORGANIZATIONS INCLUDING KITES (KIDS INSTRUCTED IN TOLERANCE THROUGH EDUCATION AND SUPPORT), A MINI-GRANT PROGRAM THAT IS DEDICATED TO PROMOTING THE EFFORTS OF PARENTS, EDUCATORS, COUNSELORS AND PEERS TO HELP CHILDREN LEARN TO DEAL WITH AND RESOLVE THE PRESSURES, LONELINESS AND ANGER THAT SOMETIMES LEADS TO VIOLENCE (Grants \$ 500) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	500
<b>29</b> PROVIDE SCHOLARSHIPS TO DESERVING STUDENTS ATTENDING LAW SCHOOL (Grants \$ 9,000) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	9,000
<b>30</b> PROVIDE FUNDS TO FURTHER LEGAL AID TO THOSE IN NEED (Grants \$ 5,000) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	5,000
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	14,500

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2011) questions 33-45b regarding significant activities, changes, income reporting, and organizational details.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46 Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 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

47 Yes No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a Yes No

b If "Yes," was the related organization a section 527 organization?

49b Yes No

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 rows 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 rows are empty.

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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. [X] Yes [ ] No

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 section: Signature of officer (\*\*\*\*\*), Date (2012-10-02), Type or print name and title (CHRISTINE S BRENNAN TREASURER)

Paid Preparer's Use Only section: Preparer's signature (LISA M THOUIN CPA), Date, Check if self-employed, Preparer's taxpayer identification number (P00075010), Firm's name (MERCADIEN PC), address (PO BOX 7648, PRINCETON, NJ 085437648), EIN (22-3271712), Phone no (609) 689-9700

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

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MERCER COUNTY BAR FOUNDATION INC

Employer identification number  
22-3367993

**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 **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 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
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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 U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions)					<b>12</b>	

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	19,930	8,704	14,759	19,210	11,016	73,619
<b>2</b> 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	58,695	48,915	56,821	54,318	36,650	255,399
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	78,625	57,619	71,580	73,528	47,666	329,018
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</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						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public Support</b> (Subtract line 7c from line 6 )						329,018

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	78,625	57,619	71,580	73,528	47,666	329,018
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,515	4,644	3,094	1,799	1,219	14,271
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	3,515	4,644	3,094	1,799	1,219	14,271
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )	82,140	62,263	74,674	75,327	48,885	343,289
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	95.840 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	95.530 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	4.160 %
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	4.470 %

**19a 33 1/3% support tests—2011.** 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—2010.** 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 IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 22-3367993  
**Name:** MERCER COUNTY BAR FOUNDATION INC

**Form 990-EZ, Special Condition Description:****Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CHARLES E WALDRON ESQ 1245 WHITEHORSE-MERCERVILLE RD MERCERVILLE, NJ 08619	PRESIDENT 1 00	0	0	0
MICHAEL S GOODMAN ESQ 1245 WHITEHORSE-MERCERVILLE RD MERCERVILLE, NJ 08619	VICE PRESIDENT 1 00	0	0	0
DOROTHY E BOLINSKY ESQ 1245 WHITEHORSE-MERCERVILLE RD MERCERVILLE, NJ 08619	SECRETARY 1 00	0	0	0
CHRISTINE S BRENNAN 1245 WHITEHORSE-MERCERVILLE RD MERCERVILLE, NJ 08619	TREASURER 1 00	0	0	0
WILLIAM R BURNS ESQ 1245 WHITEHORSE-MERCERVILLE RD MERCERVILLE, NJ 08619	TRUSTEE 1 00	0	0	0
COLLEEN CROCKER ESQ 1245 WHITEHORSE-MERCERVILLE RD MERCERVILLE, NJ 08619	TRUSTEE 1 00	0	0	0
TRACEY A DESTRI BATS 1245 WHITEHORSE-MERCERVILLE RD MERCERVILLE, NJ 08619	TRUSTEE 1 00	0	0	0
T SANDBERG DURST ESQ 1245 WHITEHORSE-MERCERVILLE RD MERCERVILLE, NJ 08619	TRUSTEE 1 00	0	0	0
CHRISTINE M GRAVELLE ESQ 1245 WHITEHORSE-MERCERVILLE RD MERCERVILLE, NJ 08619	TRUSTEE 1 00	0	0	0
JOSEPH M JACOBS ESQ 1245 WHITEHORSE-MERCERVILLE RD MERCERVILLE, NJ 08619	TRUSTEE 1 00	0	0	0
STEPHANIE L JONAITIS ESQ 1245 WHITEHORSE-MERCERVILLE RD MERCERVILLE, NJ 08619	TRUSTEE 1 00	0	0	0
JOAN K JOSEPHSON ESQ 1245 WHITEHORSE-MERCERVILLE RD MERCERVILLE, NJ 08619	TRUSTEE 1 00	0	0	0

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Department of the Treasury Internal Revenue Service

Name of the organization MERCER COUNTY BAR FOUNDATION INC

Employer identification number 22-3367993

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>DINNER DANCE</u> (event type)	_____ (event type)	_____ (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	40,046			40,046
	<b>2</b> Less Charitable contributions . . . . .	3,396			3,396
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	36,650			36,650
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .	681			681
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	20,426			20,426
	<b>8</b> Entertainment . . . . .	3,000			3,000
	<b>9</b> Other direct expenses . . . . .	8,138			8,138
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( 32,245 )
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				4,405	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

**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? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 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?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>
<b>b</b> An outside facility	<b>13b</b>

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer       Employee       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?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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**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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
MERCER COUNTY BAR FOUNDATION INC

**Employer identification number**

22-3367993

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 1,219
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION LAW SCHOOL SCHOLARSHIP GRANTEE NAME ANNE HOOVER DATE OF GIFT 11/28/11 AMOUNT GIVEN 3,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION LAW SCHOOL SCHOLARSHIP GRANTEE NAME LAUREN MARTINEZ DATE OF GIFT 09/23/11 AMOUNT GIVEN 5,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION LEGAL AID SOCIETY GRANTEE NAME CENTRAL JERSEY LEGAL SERVICE GRANTEE ADDRESS 198 W STATE STREET TRENTON, NJ 08608 DATE OF GIFT 04/05/11 AMOUNT GIVEN 5,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION KITES PROGRAM GRANT GRANTEE NAME CROCKETT MIDDLE SCHOOL GRANTEE ADDRESS 2631 KUSER ROAD HAMILTON, NJ 08691 DATE OF GIFT 05/02/11 AMOUNT GIVEN 500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 14,500
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION INSURANCE AMOUNT 1,158 DESCRIPTION OFFICE EXPENSE AMOUNT 126 DESCRIPTION FUNRAISING EXPENSES AMOUNT 3,182 TOTAL TO FORM 990-EZ, LINE 16 4,466
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION DUE FROM RELATED PARTY BEG OF YEAR AMOUNT 9,799 END OF YEAR AMOUNT 477 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 824 END OF YEAR AMOUNT 669 DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 425 END OF YEAR AMOUNT 1,975
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCRUED ACCOUNTING FEES BEG OF YEAR AMOUNT 3,300 END OF YEAR AMOUNT 3,600 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 500

**TY 2011 Transfers Personal Benefits  
Contracts Declaration**

**Name:** MERCER COUNTY BAR FOUNDATION INC

**EIN:** 22-3367993

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.