



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

2011

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 2011 calendar year, or tax year beginning, 2011, and ending, 20; 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: Trenton NJ 08611; 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 22 rows detailing financial information. Row 1: Briefly describe the organization's mission or most significant activities: Furnishing the Trent House, Maintaining the furnishings. Rows 2-7: Voting members and revenue/expenses. Rows 8-12: Revenue breakdown. Rows 13-19: Expenses and net revenue. Rows 20-22: Assets and liabilities.

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.

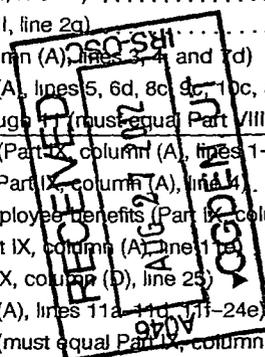
Signature of officer: Suzanne Crilley Peter manca President, dated 8-25-12.

Paid Preparer Use Only section: Preparer's name Edward W Adams, signature, date 8-16-12, firm's name Adams & Assoc PC, firm's address 1719 Callender Rd Thompson PA 18465, firm's EIN 22-3708990, phone no. (570) 727-3325.

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

SCANNED SEP 17 2012

GOVERNANCE & FINANCIAL STATEMENTS



90-15 24

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 organization's program service accomplishments for each of its three largest program services, as measured 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.) (Expenses \$ 31,683 including grants of \$) (Revenue \$ 19,178)

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 31,683

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 for which 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 temporarily restricted endowments, permanent endowments, 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, investment, & program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? 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 hospital facilities? If "Yes," complete Schedule H	N/A	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		X
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 N/A		
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? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		N/A
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		N/A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		N/A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
7 Organizations that may receive deductible contributions under section 170(c).			
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		N/A
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			
8	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9 Sponsoring organizations maintaining donor advised funds.			
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations. Enter			
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter			
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		X
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		X
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		N/A

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 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 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (N/A); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did 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); 16b If "Yes," did the organization follow 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
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 (do not check more than one box, unless person is both an officer and a director/trustee)							(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	INDIVIDUAL TRUSTEE	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER			
reference attached list								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 <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>							(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	INDIVIDUAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				
1b Sub-total								0	0	0	
c Total from continuation sheets to Part VII, Section A								0	0	0	
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 of 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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of 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	6,623			
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	12,555			
	g	Noncash contributions included in lines 1a-1f:		\$ 95			
	h	Total. Add lines 1a-1f		19,178			
PROGRAM SERVICE REVENUE			Business Code				
	2a						
	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)		6,714	6,714		
	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 \$ 3,443 of contributions reported on line 1c). See Part IV, line 18	a	3,443			
b	Less: direct expenses	b	1,544				
c	Net income or (loss) from fundraising events		1,899				
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	874				
		b	Less: cost of goods sold	b	1,454		
		c	Net income or (loss) from sales of inventory		-580	-580	
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		27,211	8,033			

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).

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

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 United States. See Part IV, line 21	350	350		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. 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 accruals and contributions (include section 401(k) and 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	1,584		1,584	
g	Other	15,190	15,190		
12	Advertising and promotion				
13	Office expenses	680		680	
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	302	302		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,072	9,761	311	
23	Insurance	1,637	1,009	628	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Cleaning & Maint Collection	3,277	3,277		
b	Newsletter	1,614	1,614		
c	Telephone	1,026		1,026	
d	State Tax	225		225	
e	All other expenses	381	180	201	
25	Total functional expenses. Add lines 1 through 24e	37,538	31,683	5,855	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A)		(B)	
				Beginning of year		End of year	
ASSETS	1	Cash -- non-interest-bearing		30,198	1	31,000	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		6,947	3		
	4	Accounts receivable, net			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		3,124	8	2,628	
	9	Prepaid expenses and deferred charges		11,500	9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	314,226			
	b	Less: accumulated depreciation	10b	239,718	61,278	10c	74,508
	11	Investments -- publicly traded securities		286,257	11	280,660	
	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)		399,304	16	388,796		
LIABILITIES	17	Accounts payable and accrued expenses		776	17	599	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		776	26	599	
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		261,150	27	254,822	
	28	Temporarily restricted net assets		62,063	28	58,060	
	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		398,528	33	388,197	
	34	Total liabilities and net assets/fund balances		399,304	34	388,796	

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	27,211
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,538
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,327
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	398,528
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	388,197

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

OMB No. 1545-0047

2011

Open to Public Inspection

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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii) A family member of a person described in (i) above?	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,648	29,119	30,817	39,877	19,178	143,639
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.	24,648	29,119	30,817	39,877	19,178	143,639
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.						143,639

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	24,648	29,119	30,817	39,877	19,178	143,639
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,251	10,398	4,336	4,663	6,714	36,362
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.)	841	1,362	554	1,005	1,319	5,081
11 Total support. Add lines 7 through 10						185,082
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 2011 (line 6, column (f) divided by line 11, column (f))	14	77.61 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

16a **33 1/3 % support test – 2011.** 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 – 2010.** 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 – 2011.** 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 – 2010.** 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

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? Yes 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? Yes 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):
- Preservation of land for public use (e.g., recreation or education)
 - Protection of natural habitat
 - Preservation of open space
 - Preservation of an historically important land area
 - Preservation of a certified historic structure

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 ▶ \$ _____
- 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 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 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
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-I), and Total.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows (1) through (10) and Total.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (10) and Total.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Section 1 includes rows (1) Federal income taxes, (2) through (11), and Total.

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)	1	27,211
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	37,538
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-10,327
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-10,327

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.

Historic collection of furniture and period pieces recorded at cost and depreciated

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

2011

Open to Public
Inspection

Name of the organization

TRENT HOUSE ASSOCIATION

Employer identification number

23-7378513

Section C Line 19 Organization makes annual report
and tax returns available upon request
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 2011, 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.	Expenses	31,683	including Grants of:	Revenue.	19,178
-------	----------	--------	----------------------	----------	--------

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 2011 or tax period beginning	, and ending
Name of Organization TRENT HOUSE ASSOCIATION		Employer Identification Number 23-7378513

Part VI - Line 20

Individual Name
or
Business Name:
Trent House Association

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 (609) 278-7890

990 PAGE 10, OTHER EXPENSES

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

Open to Public

Inspection

For calendar year 2011 or tax period beginning

, and ending

Name of Organization

TRENT HOUSE ASSOCIATION

Employer Identification Number

23-7378513

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Postage	201		201	
Memberships	180	180		
Total:	381	180	201	

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2011

Attachment
Sequence No. 179

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	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

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 2011	17	6,736
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"/>

Section B -- Assets Placed in Service During 2011 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	See Statement	95	05	HY	200 DB	19
b 5-year property						
c 7-year property						
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		
i Nonresidential real property		27.5 yrs.	MM	S/L		
		39 yrs.	MM	S/L		

Section C -- Assets Placed in Service During 2011 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	10,072
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.

Form 4562 (2011)

**7-YEAR ASSETS PLACED IN SERVICE DURING 2011
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
ash shovel	05-06-2011	857	7	HY	200 DB	122
cast iron pot	05-25-2011	125	7	HY	200 DB	18
CHAIN TRAMMEL	03-11-2011	162	7	HY	200 DB	23
clock jack	02-16-2011	2,400	7	HY	200 DB	343
DAYBED ANDERSON STA	04-01-2011	18,300	7	HY	200 DB	2,615
grain bass	05-12-2011	250	7	HY	200 DB	36
HOOK POLE	09-28-2011	32	7	HY	200 DB	5
MISC COLLECTION EXP	07-01-2011	1,083	7	HY	200 DB	155
Total						3,317

2011 Federal Depreciation Schedule

TRENT HOUSE ASSOCIATION
23-7378513

08-12-2012

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
And & Stauff Candelst	06-01-09	200DBHY	7	1,667	0	0	0	1,667	646	292
anderson & stauffer	11-25-08	200DBHY	7	5,833	0	0	0	5,833	3,283	729
anderson & stauffer	06-18-08	200DBHY	7	5,333	0	0	0	5,333	3,001	666
ash shovel	05-06-11	200DBHY	7	857	0	0	0	857	0	122
Butter Churn	11-22-10	200DBHY	7	200	0	0	0	200	29	49
cast iron pot	05-25-11	200DBHY	7	125	0	0	0	125	0	18
CHAIN TRAMMEL	03-11-11	200DBHY	7	162	0	0	0	162	0	23
clock jack	02-16-11	200DBHY	7	2,400	0	0	0	2,400	0	343
DAYBED ANDERSON STA	04-01-11	200DBHY	7	18,300	0	0	0	18,300	0	2,615
design on kitchen	04-25-08	200DBHY	7	2,000	0	0	0	2,000	1,126	250
ed dallas sheves	07-01-09	200DBHY	7	3,300	0	0	0	3,300	1,280	577
Equipment	01-01-00	200DBHY	7	3,902	0	0	0	3,902	3,631	0
grain bass	05-12-11	200DBHY	7	250	0	0	0	250	0	36
Historic Furniture	07-01-07	200DBHY	7	21,533	0	0	0	21,533	14,805	1,923
Historic Furniture	01-01-02	200DBHY	7	231,549	0	0	0	231,549	193,827	0
HOOK POLE	09-28-11	200DBHY	7	32	0	0	0	32	0	5
junction pc	03-16-09	200DBHY	5	1,292	0	0	0	1,292	671	248
kitchen shelves	09-29-08	200DBHY	7	4,000	0	0	0	4,000	2,252	500
metal skillet	08-08-10	200DBHY	7	450	0	0	0	450	64	110
mirror rest Wm Lewi	11-25-08	200DBHY	7	7,248	0	0	0	7,248	4,079	905
MISC COLLECTION EXP	07-01-11	200DBHY	7	1,083	0	0	0	1,083	0	155
n larson pay't	07-01-09	200DBHY	7	545	0	0	0	545	211	95
nat lesson furn	01-03-08	200DBHY	7	853	0	0	0	853	480	107
pottery from westm	07-02-10	200DBHY	7	986	0	0	0	986	141	241
printer	12-28-09	200DBHY	5	231	0	0	0	231	120	44
printer	09-30-11	200DBHY	5	95	0	0	0	95	0	19
26 Assets			Totals.	314,226	0	0	0	314,226	229,646	10,072
26 Assets			Grand Totals	314,226	0	0	0	314,226	229,646	10,072

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2011 AMT Depreciation Schedule

TRENT HOUSE ASSOCIATION
23-7378513

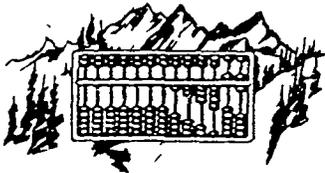
08-12-2012

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
Form 990								
And & Stauf Candelst	06-01-09	150DBHY	7	1,667	498	251	292	41
anderson & stauffer	11-25-08	150DBHY	7	5,833	2,618	715	729	14
anderson & stauffer	06-18-08	150DBHY	7	5,333	2,393	653	666	13
ash shovel	05-06-11	150DBHY	7	857	0	92	122	30
Butter Churn	11-22-10	150DBHY	7	200	0	38	49	11
cast iron pot	05-25-11	150DBHY	7	125	0	13	18	5
CHAIN TRAMMEL	03-11-11	150DBHY	7	162	0	17	23	6
clock jack	02-16-11	150DBHY	7	2,400	0	257	343	86
DAYBED ANDERSON STA	04-01-11	150DBHY	7	18,300	0	1,960	2,615	655
design on kitchen	04-25-08	150DBHY	7	2,000	898	245	250	5
ed dallas sheves	07-01-09	150DBHY	7	3,300	984	496	577	81
Equipment	01-01-00	150DBHY	7	3,902	3,631	0	0	0
grain bass	05-12-11	150DBHY	7	250	0	27	36	9
Historic Furniture	07-01-07	150DBHY	7	21,533	12,299	2,638	1,923	-715
Historic Furniture	01-01-02	150DBHY	7	231,549	42,559	0	0	0
HOOK POLE	09-28-11	150DBHY	7	32	0	3	5	2
junction pc	03-16-09	150DBHY	5	1,292	523	231	248	17
kitchen shelves	09-29-08	150DBHY	7	4,000	1,794	490	500	10
metal skillet	08-08-10	150DBHY	7	450	0	86	110	24
mirror rest Wm Lewi	11-25-08	150DBHY	7	7,248	3,252	888	905	17
MISC COLLECTION EXP	07-01-11	150DBHY	7	1,083	0	116	155	39
n larson pay't	07-01-09	150DBHY	7	545	162	82	95	13
nat lesson furn	01-03-08	150DBHY	7	853	382	104	107	3
pottery from westm	07-02-10	150DBHY	7	986	0	189	241	52
printer	12-28-09	150DBHY	5	231	94	41	44	3
printer	09-30-11	150DBHY	5	95	0	14	19	5
26 Assets	Totals			314,226	72,087	9,646	10,072	426
26 Assets	Grand Totals			314,226	72,087	9,646	10,072	426

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction



ADAMS & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANT

1719 CALLENDER ROAD • THOMPSON, PA 18465

www.adamscpa.com

EDWARD ADAMS, CPA
REGISTERED REPRESENTATIVE
SECURITIES OFFERED
THROUGH GENWORTH FINANCIAL SECURITIES CORP.
MEMBER NASD/SIPC

(570) 727-3325
(800) 762-2944
E-mail: eadamscpa@hughes.net

MEMBER OF
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Trent House Association Inc
15 Market Street
Trenton, New Jersey 08611

We have audited the accompanying Statement of Financial Position of Trent House Association, Inc as of December 31, 2011 and the related Statement of Activities, Net Assets and Functional Expenses, and Statement of Cash Flows for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based upon our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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, 2011 and the results of its operations and its cash flows for the year then ended in accordance with accounting principles as generally accepted in the United States of America.

Adams & Associates, PC

Adams & Associates PC

Certified Public Accountant
Trenton, New Jersey
Thomson, Pennsylvania
August 14, 2012

Trent House Association, Inc.
Statement of Financial Position
December 31, 2011

ASSETS

CURRENT ASSETS

Cash and cash equivalents	\$	31,000
Temporary Investments		280,660
Grants and Accounts Receivable		-
Deposits on Collectible Purchases		-
Inventory-Gift Shop		2,628
Total Current Assets		314,288

PROPERTY AND EQUIPMENT

Equipment		5,520
Collection		308,706
Total Cost		314,226
Less Accumulated Depreciation		(239,718)
Net Property and Equipment		74,508

TOTAL ASSETS	\$	388,796
---------------------	-----------	----------------

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Accounts Payable	\$	599
Accrued Expenses		0
Total Current Liabilities		599
Total Liabilities		599

NET ASSETS

Unrestricted Net Assets		254,824
Temporarily Restricted Net Assets		58,060
Permanently Restricted Net Assets		75,315
Total Net Assets		388,199

TOTAL LIABILITIES AND NET ASSETS	\$	388,796
---	-----------	----------------

See notes to financial statements which are an integral part of this statement

Trent House Association, Inc.
Statement of Activity, Net Assets and Functional Expenses
For the Year Ended December 31, 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Support and Revenue				
Contributions	\$ 12,555	\$ -	\$ -	\$ 12,555
Dues	-	-	-	-
Grant Income	-	6,623	-	6,623
Special Events	3,443	-	-	3,443
Gift Shop Sales	874	-	-	874
Interest Income	801	-	-	801
Dividend Income	4,722	-	-	4,722
Capital Gain Income	1,191	-	-	1,191
Realized Gain on Security Sales	-	-	-	-
Total Support and Revenue	<u>23,586</u>	<u>6,623</u>	<u>0</u>	<u>30,209</u>
Net Assets Released from Restrictions	10,626	(10,626)	-	0
EXPENSES:				
Program Services				
Depreciation	9,761	0	0	9,761
Outside Consultants	15,190	0	0	15,190
Furniture Insurance	1,009	0	0	1,009
Contributions	350	0	0	350
Cleaning and Maintenance	3,277	0	0	3,277
Fundraising Expenses	1,544	0	0	1,544
Conferences	302	0	0	302
Memberships	180	0	0	180
Newsletter Expenses	1,614	0	0	1,614
Supplies	0	0	0	0
Total Program Services	<u>33,227</u>	<u>0</u>	<u>0</u>	<u>33,227</u>
Support Services				
Cost of Goods Sold - Gift Shop	1,454	0	0	1,454
Insurance	628	0	0	628
State Taxes	225	0	0	225
Telephone	1,026	0	0	1,026
Office	881	0	0	881
Bank and Investment Fees	1,584	0	0	1,584
Audit	1,200	0	0	1,200
Depreciation	311	0	0	311
Total Support Services	<u>7,309</u>	<u>0</u>	<u>0</u>	<u>7,309</u>
Total Expenses	40,536	0	0	40,536
Decrease in Net Assets before Taxes	(6,324)	(4,003)	0	(10,327)
Beginning Net Assets	<u>261,150</u>	<u>62,063</u>	<u>75,315</u>	<u>398,528</u>
Ending Net Assets	<u>\$ 254,826</u>	<u>\$ 58,060</u>	<u>\$ 75,315</u>	<u>\$ 388,201</u>

See notes to financial statements which are an integral part of this statement

Trent House Association, Inc.
Statement of Cash Flows
For the Year Ended December 31, 2011

CASH FLOWS FROM OPERATING ACTIVITIES	
Change in Net Assets	\$ (10,327)
Adjustments to reconcile Net Loss to Net Cash from Operating Activities:	-
Amortization	-
Depreciation	10,072
Increase (decrease) in Cash Flows Effected by Change In:	
Inventory	496
Grants and Accounts Receivable	6,947
Accounts Payable	<u>(177)</u>
CASH FLOWS PROVIDED (USED) BY OPERATING ACTIVITIES	7,011
CASH FLOWS FROM INVESTING ACTIVITIES	
Net Transfer from Investments	16,032
Deposits on Collectible Purchases	11,500
Purchase of Furniture	(33,836)
Non Cash Contributions	<u>95</u>
CASH FLOWS FROM INVESTING ACTIVITIES	(6,209)
CASH FLOWS FROM FINANCING ACTIVITIES	
NONE	<u>0</u>
CASH FLOWS FROM FINANCING ACTIVITIES	0
Net Decrease in Cash and Cash Equivalents	802
Cash and Cash Equivalents - Beginning	<u>30,198</u>
Cash and Cash Equivalents - Ending	<u><u>\$31,001</u></u>
Supplemental Disclosures:	
Interest Paid	\$0
Income Tax Paid	\$225

See notes to financial statements which are an integral part of this statement

Trent House Association, Inc.
NOTES TO FINANCIAL STATEMENTS
For the Year Ended December 31, 2011

Note 1 - Nature of the Operations

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 - Summary of Significant Accounting Policies:

Cash and Cash Equivalents

Cash and cash equivalents consist of cash, bank deposits and temporary cash investments with a maturity of 3 months or less.

Revenue Recognition

The organization recognized revenues on the accrual basis. Revenue consists of contributions, various grants, sales from the Gift Shop, sales of organic food as a fundraiser, and investment income.

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions.

The organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Temporarily restricted contributions whose restrictions are met in the same year are treated as unrestricted.

Trent House Association, Inc.
NOTES TO FINANCIAL STATEMENTS
For the Year Ended December 31, 2011

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.

Inventory

Inventory is accounted for on the lower of cost or market basis and tracked using the FIFO, (First In and First Out) method of costing. Inventory at the balance sheet date consisted of various candles and period specific items held for sale in the ordinary course of business. Inventory was valued at \$2,628 on the Balance Sheet date of December 31, 2011.

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.

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 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.

Trent House Association, Inc.
NOTES TO FINANCIAL STATEMENTS
For the Year Ended December 31, 2011

NOTE 4 - Commitments

In 2010, the company entered into an agreement to purchase additional furniture for the collection. A collectible piece and kitchen design were under construction or development at 12/31/2010. During 2011, the project was completed and final payment was made.

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 Company up to \$250,000. At December 31, 2011, there were no uninsured balances listed as Cash. Investment balances are subject to movements of the stock market. Such movements are not insured.

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, 2011, fair market value was less than book value by \$3,399. This decline is not anticipated to be permanent and reflects improvement over 2010 balances. Total fair value of investments at December 31, 2011 was \$277,261

Investments at cost	\$282,781
Unrealized loss in value	(\$ 5,520)
	<hr/>
	\$277,261

Trent House Association, Inc.
NOTES TO FINANCIAL STATEMENTS
For the Year Ended December 31, 2011

NOTE 7 - Accounts Receivable

No Grants or Accounts Receivable exist at December 31, 2011

NOTE 8 - Restricted Net Assets

Permanently Restricted Net 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, 2011 - \$58,060 has been set aside for furniture acquisitions of historic pieces.

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

BOARD OF TRUSTEES AND STAFF
 as of Nov. 2, 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	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	W. 215-295-1207 Cell 267-307-6447 jestarkaia@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 cell 609-947-0132	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 clementsona@verizon.net	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 robinnis39@gmail.com	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. 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	

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing the return. See instructions.	TRENT HOUSE ASSOCIATION	<input checked="" type="checkbox"/> 23-7378513
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	15 MARKET STREET	<input type="checkbox"/>
	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-BL	02	Form 1041-A	08
Form 990-EZ	01	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

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

- The books are in the care of **See attachment #1**
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.

- I request an additional 3-month extension of time until NOVEMBER 15, 2012.
- For calendar year 2011, or other tax year beginning , 20 , and ending , 20 .
- If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension Officers required for signature unavailable

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

Signature and Verification must be completed for Part II only.

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

Signature  Title **CPA** Date **8-13-12**
 JVA 11 88682 TWF 990 Copyright Forms (Software Only) - 2011 TW Form 8868 (Rev. 1-2012)

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions

Type or print File by the due date for filing the return. See instructions.	Name of exempt organization or other filer, see instructions. TRENT HOUSE ASSOCIATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 23-7378513
	Number, street, and room or suite no. If a P.O. box, see instructions. 15 MARKET STREET	Social security number (SSN) <input type="checkbox"/>
	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-BL	02	Form 1041-A	08
Form 990-EZ	01	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

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

- The books are in the care of **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.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2012**.
- For calendar year **2011**, or other tax year beginning _____, 20____, and ending _____, 20____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension **Officers required for signature unavailable**

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

Signature and Verification must be completed for Part II only.

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

Signature  Title **CPA** Date **8-15-12**

JVA 11 88682 TWF 990 Copyright Forms (Software Only) - 2011 TW Form **8868** (Rev. 1-2012)