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CLIENT'S COPY

COPY

JULY 28, 2009

LAWRENCE-HOPEWELL TRAIL CORPORATION  
P.O. BOX 6735  
LAWRENCEVILLE, NJ 08648  
ATTENTION: RICHARD KRAWCZUN

DEAR RICH:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2008 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2008 FORM 990-EZ

2008 NEW JERSEY FORM CRI-300R

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN FILING THE RETURN.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

SINCERELY,

WARREN A. BROUDY, CPA  
PRINCIPAL

PENNSYLVANIA OFFICE:  
86 BUCK ROAD  
HOLLAND, PA 18966  
TEL 215-355-4860  
FAX 215-825-8110

- ◉ CPA USA NETWORK
- ◉ AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
- ◉ NEW JERSEY SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
- ◉ NEW YORK SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
- ◉ PENNSYLVANIA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
- ◉ PRIVATE COMPANIES PRACTICE SECTION
- ◉ CENTER FOR PUBLIC COMPANY AUDIT FIRMS
- ◉ REGISTERED WITH THE PCAOB
- ◉ AN INDEPENDENTLY OWNED MEMBER OF THE RSM MCGladREY NETWORK

# TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

JANUARY 31, 2009

<b>Prepared for</b>	LAWRENCE-HOPEWELL TRAIL CORPORATION P.O. BOX 6735 LAWRENCEVILLE, NJ 08648
<b>Prepared by</b>	MERCADIEN, P.C. P.O. BOX 7648 PRINCETON, NJ 08543-7648
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	SEPTEMBER 15, 2009
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

A For the 2008 calendar year, or tax year beginning FEB 1, 2008 and ending JAN 31, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization  LAWRENCE-HOPEWELL TRAIL CORPORATION Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 6735 City or town, state or country, and ZIP + 4 LAWRENCEVILLE, NJ 08648	D Employer identification number  20-0511132	
			E Telephone number  (609) 844-7004
			F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method:  Cash  Accrual  
Other (specify)

I Website: WWW.LHTRAIL.ORG

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

J Organization type (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

K Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 38,155.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)				
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	37,169.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	986.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe )	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	38,155.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	28,416.
	13	Professional fees and other payments to independent contractors	13	16,905.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	94.
	16	Other expenses (describe SEE STATEMENT 1 )	16	20,104.
17	<b>Total expenses.</b> Add lines 10 through 16	17	65,519.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<27,364.>
	19	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)	19	170,334.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	142,970.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	171,434.	22 142,970.
23	Land and buildings		23
24	Other assets (describe )		24
25	<b>Total assets</b>	171,434.	25 142,970.
26	<b>Total liabilities</b> (describe PAYABLES )	1,100.	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	170,334.	27 142,970.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b>
What is the organization's primary exempt purpose? <b>SEE STATEMENT 3</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
<b>28</b>	<b>TO ENHANCE COMMUNITY BY PLANNING, DESIGNING AND IMPLEMENTING AND MAINTAINING A SAFE PUBLIC SYSTEM OF BIKING AND PEDESTRIAN TRAILS</b>	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> 65,519.
<b>29</b>	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b>	Other program services (attach schedule) _____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) _____	<b>32</b> 65,519.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for 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
JERI BOGAN ZELINSKI P O BOX 6735, LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
FREDRICK EGENOLF P O BOX 6735, LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
LESLIE FLOYD P O BOX 6735, LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
ROBERT FRIANT P O BOX 6735, LAWRENCEVILLE, NJ 08648	CONSULTANT 8.50	28,416.	0.	0.
ELEANOR HORNE P O BOX 6735, LAWRENCEVILLE, NJ 08648	CO PRESIDENT 1.00	0.	0.	0.
RICHARD KRAWCZUN P O BOX 6735, LAWRENCEVILLE, NJ 08648	TREASURER 1.00	0.	0.	0.
JANE MILLNER P O BOX 6735, LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
PAM MOUNT P O BOX 6735, LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
DAVID SANDAHL P O BOX 6735, LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
REBECCA TAYLOR P O BOX 6735, LAWRENCEVILLE, NJ 08648	CO PRESIDENT 1.00	0.	0.	0.
CELESTE TRACY P O BOX 6735, LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
JIM WALTMAN P O BOX 6735, LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
BAY WEBER P O BOX 6735, LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">37a</span> 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span> N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span> N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span> N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">0.</span> ; section 4912 <span style="float:right">0.</span> ; section 4955 <span style="float:right">0.</span>		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
40d	d Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">0.</span>		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">NJ</span>		
42a	The books are in care of <span style="float:right">LAWRENCE-HOPEWELL TRAIL CORPORATION</span> Telephone no. <span style="float:right">609-844-7004</span> Located at <span style="float:right">P.O. BOX 6735, LAWRENCEVILLE, NJ</span> ZIP + 4 <span style="float:right">08648</span>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <span style="float:right">See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</span>		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <span style="float:right"></span>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">43</span> N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

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

50 Complete this table for the 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. Content: NONE

Total number of other employees paid over \$100,000

51 Complete this table for the 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. Content: NONE

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

Sign Here section with fields for Signature of officer, Date, and Type or print name and title.

Paid Preparer's Use Only section with fields for Preparer's signature, Date, Check if self-employed, Preparer's Identifying Number, Firm's name, address, EIN, and Phone no.

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

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 **LAWRENCE-HOPEWELL TRAIL CORPORATION** Employer identification number **20-0511132**

**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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the organizations the organization supports.

(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>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	35,009.	5,961.	13,890.	5,024.	37,169.	97,053.
<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 - 3 .....	35,009.	5,961.	13,890.	5,024.	37,169.	97,053.
<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) .....						20,424.
<b>6 Public Support.</b> Subtract line 5 from line 4.						76,629.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	35,009.	5,961.	13,890.	5,024.	37,169.	97,053.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,296.	1,671.	1,476.	1,336.	986.	6,765.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						103,818.
<b>12</b> 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**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	73.81 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	56.57 %
<b>16a 33 1/3% support test - 2008.</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 checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2008.</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 - 2007.</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 Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<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 .....						
<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 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<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 .....						
<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.)						

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

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2008

\*\* Do Not File \*\*
\*\*\* Not Open to Public Inspection \*\*\*

Table with 3 columns: Contributor's Name, Total Contributions, Excess Contributions. Row 1: BRISTOL-MYERS SQUIBB COMPANY, 22,500., 20,424.

Total Excess Contributions to Schedule A, Part II, Line 5 ..... 20,424.

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION

AMOUNT

INSURANCE

5,567.

ADVERTISING

14,374.

MISCELLANEOUS

163.

TOTAL TO FORM 990-EZ, LINE 16

20,104.

COPY

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

COPY

THE LAWRENCE HOPEWELL TRAIL (LHT) WAS CONVENED AS AN INFORMAL COALITION OF CORPORATIONS, COMMUNITIES, COMMUNITY GROUPS AND CITIZENS IN 2001 AND EVOLVED INTO A FORMAL NON-PROFIT ORGANIZATION IN 2002 THAT WORKS THROUGH AN ALLIANCE TO ENHANCE THE COMMUNITY BY PLANNING, DESIGNING, IMPLEMENTING AND MAINTAINING A SAFE PUBLIC SYSTEM OF BIKING AND PEDESTRIAN TRAILS.

COPY

# TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

JANUARY 31, 2009

<b>Prepared for</b>	LAWRENCE-HOPEWELL TRAIL CORPORATION P.O. BOX 6735 LAWRENCEVILLE, NJ 08648
<b>Prepared by</b>	MERCADIEN, P.C. P.O. BOX 7648 PRINCETON, NJ 08543-7648
<b>Amount due or refund</b>	BALANCE DUE OF \$60
<b>Make check payable to</b>	NEW JERSEY DIVISION OF CONSUMER AFFAIRS
<b>Mail tax return and check (if applicable) to</b>	NEW JERSEY DIVISION OF CONSUMER AFFAIRS CHARITABLE REGISTRATION & INVESTIGATION P.O. BOX 45021 NEWARK, NEW JERSEY 07101
<b>Return must be mailed on or before</b>	JULY 31, 2009
<b>Special Instructions</b>	THE NEW JERSEY RETURN SHOULD BE SIGNED AND DATED BY THE REQUIRED INDIVIDUAL(S).  INCLUDE THE ORGANIZATION'S NEW JERSEY CHARITABLE ORGANIZATION NUMBER AND "2008 FORM CRI-300R" ON THE REMITTANCE.

**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
Office of Consumer Protection  
Charities Registration Section  
124 Halsey Street, 7th Floor, P.O. Box 45021  
Newark, NJ 07101  
(973) 504-6215

**Form CRI-300R**  
**Long-Form Renewal Registration/Verification Statement**  
(Revised April 2008)

**All questions must be answered.**

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 01/31/2009  
month day year

2. Federal ID Number (EIN) 20-0511132 2a. N.J. Charities Registration Number: CH- 2489100

3. Full legal name of the registering organization: LAWRENCE-HOPEWELL TRAIL CORPORATION  
In care of: (if necessary, otherwise leave this line blank) \_\_\_\_\_

4. Mailing Address: P.O. BOX 6735, LAWRENCEVILLE, NJ 08648  Change of Address  
Street Address City State ZIP Code

**NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.**

5. The principal street address of the registering organization 2207 LAWRENCE ROAD, LAWRENCEVILLE, NJ 08648  
 Same as Mailing Address  
Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above?  Yes  No  
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

\_\_\_\_\_ Contact person Street address City State ZIP Code

\_\_\_\_\_ Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:  
(609) 844-7004 \_\_\_\_\_  
Telephone number (include area code) Fax number (include area code)

LHTRAILS@VERIZON.NET WWW.LHTRAIL.ORG  
E-mail address Web site

8. Type of organization (check one):

Nonprofit corporation  Foundation  Individual  Association  Society  
 Partnership  Trust  Other (Specify) \_\_\_\_\_

9. Where and when was the organization legally established? Date: 02 01 01 State: NJ

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form?  Yes  No  
If "Yes," indicate all of the other names used: \_\_\_\_\_

11. Does the organization intend to solicit contributions from the general public?  Yes  No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions?  Yes  No  
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.  
\_\_\_\_\_  
\_\_\_\_\_

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?  Yes  No  
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.  
**TO ENHANCE THE COMMUNITY BY PLANNING, DESIGNING IMPLEMENTING AND MAINTAINING A SAFE PUBLIC SYSTEM OF BIKING TRAILS**

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.  
**ALREADY EXISTS-LAWRENCE HOPEWELL TRAIL DEVELOPMENT AND MAINTENANCE**

15. Does the organization use an independent paid fund-raiser or fund-raising counsel?  Yes  No  
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?  Yes  No  
If "Yes," please describe the situation.  
\_\_\_\_\_  
\_\_\_\_\_

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported?  Yes  No  
If "Yes," please explain: \_\_\_\_\_

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?  Yes  No  
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.  Yes  No  
b. Has a tax exemption been granted under another I.R.S. code?  Yes  No  
If "Yes," advise which one: \_\_\_\_\_  
c. Has an I.R.S. tax exemption been refused, changed or revoked?  Yes  No  
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity?  Yes  No  
 If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer?  Yes  No  
 If "Yes," please attach to this registration the relevant document.
20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction?  Yes  No  
 If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.  Yes  No
22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets.  Yes  No  
 If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

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23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
<b>SEE ATTACHED 990</b>				

# CRI-300R Long-Form Registration Renewal Financial Statement

**Note:** If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

<i>Full legal name and street address of the organization</i>			
Full legal name: <b>LAWRENCE-HOPEWELL TRAIL CORPORATION</b>			
Fiscal year-end being reported: <b>01/31/2009</b> <small>month day year</small>		Federal ID Number (EIN) <b>20-0511132</b>	
Mailing address: <b>P.O. BOX 6735, LAWRENCEVILLE, NJ 08648</b>			
<small>Mailing Address</small>	<small>P.O. Box Number or Suite</small>	<small>City</small>	<small>State ZIP Code</small>
Street address of the registering organization: <b>2207 LAWRENCE ROAD, LAWRENCEVILLE, NJ 08648</b>			
<small>Street Address</small>		<small>City</small>	<small>State ZIP Code</small>
New Jersey Charities Registration number: CH <b>2489100</b>		-00 Telephone number: <b>(609) 844-7004</b> <small>(include area code)</small>	

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$250,000. **Note:** If the organization received gross revenue of less than \$250,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

## A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail .....	
(2)	Telephone solicitation .....	
(3)	Commercial co-venture .....	
(4)	Gross receipts from fund-raising events .....	
(5)	Canisters, counter cards, door to door etc .....	
(6)	Corporations and other businesses .....	
(7)	Foundations and trusts .....	37,169.
(8)	Donated land, buildings, property, equipment and materials .....	
(9)	Legacies and bequests .....	
(10)	Membership dues solely resulting from solicitations .....	
(11)	Other support (specify) .....	

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) ..... 37,169.

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization .....	
(2)	From an affiliated organization .....	
(3)	From another fund-raising organization .....	

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) .....

**Line A1e. Total Gross Contributions** (add lines A1b and A1d) ..... 37,169.

Line A2. Government grants including purchase of service contracts (specify agency)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Line A2e. Total Government Grants (add lines 2a thru 2d) \_\_\_\_\_

Line A3. Other Support

a. Bona fide membership \_\_\_\_\_

b. Program service revenue \_\_\_\_\_

c. Professional services rendered by volunteers \_\_\_\_\_

d. Miscellaneous income (specify) \_\_\_\_\_ 986.

Line A3e. Total Other Support (add the total of lines A3a thru A3d) \_\_\_\_\_ 986.

Line A4. Total Gross Revenue (add lines A1e, A2e, and A3e) \_\_\_\_\_ 38,155.

**B. Expenses**

Line B1. Program expenses \_\_\_\_\_ 55,399.

Line B2. Management and general expenses \_\_\_\_\_ 10,120.

Line B3. Fund-raising expenses \_\_\_\_\_

Line B4. Payments to state/national affiliates (if applicable) \_\_\_\_\_

Line B5. Total Expenses (add the totals of line B1 thru B4) \_\_\_\_\_ 65,519.

**C. Excess or Deficit**

For the fiscal year-end (subtract line B5 from line A4) \_\_\_\_\_ <27,364.>

**D. Fund Balance**

Line D1. Net assets or fund balances at beginning of year \_\_\_\_\_ 170,334.

Line D2. Other changes in net assets or fund balances (attach explanation) \_\_\_\_\_

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) \_\_\_\_\_ 142,970.

**Please Note:** The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement  
Form CRI-300RC  
Confidential Information**

Organization's Name: LAWRENCE-HOPEWELL TRAIL CORPORATION

N.J. Charities Registration Number: CH- 2489100 -00

Federal ID Number (EIN) 20-0511132

Fiscal Year-End being reported: 01/31/2009  
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
- a. each other?  Yes  No
  - b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization?  Yes  No
  - c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?  Yes  No
  - d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.
25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization?  Yes  No  
If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

---

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

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We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.*

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**Note: Form CRI-300RC must be filed with Form CRI-300R.**