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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

## 2008

Form **990-EZ**

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

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

Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning **SEP 1, 2008** and ending **AUG 31, 2009**

<b>B</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	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>HUNTERDON COUNTY BAR ASSOCIATION</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>P.O. BOX 573</b> City or town, state or country, and ZIP + 4 <b>ANNANDALE, NJ 08801</b>	<b>D</b> Employer identification number <b>13-3681628</b>  <b>E</b> Telephone number <b>(908) 735-2611</b>  <b>F</b> Group Exemption Number ▶
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• 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: ▶ **N/A** **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) ( **6** ) (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 ▶ \$ **82,003.**

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

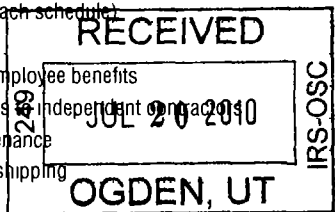
	Description	Code	Amount
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	5,775.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	23,900.
	<b>3</b> Membership dues and assessments	<b>3</b>	32,745.
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	19,583.
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	19,583.	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	82,003.	
Expenses	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	2,000.
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	20,165.
	<b>13</b> Professional fees and other payments independent of contract	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ _____)	<b>16</b>	51,642.
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	73,807.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	8,196.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	29,102.
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	37,298.	

**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.)

	Description	(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments	29,102.	37,298.
<b>23</b>	Land and buildings		
<b>24</b>	Other assets (describe ▶ _____)		
<b>25</b>	<b>Total assets</b>	29,102.	37,298.
<b>26</b>	<b>Total liabilities</b> (describe ▶ _____)	0.	0.
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	29,102.	37,298.

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<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <b>SEE STATEMENT 5</b>		
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>SCHOLARSHIP</b>	
	(Grants \$ <b>2,000.</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<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>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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
<b>JEANNINE GORMAN</b>	<b>EXECUTIVE DIRECTOR</b>			
	20.00	20,165.	0.	0.
<b>ANTHONY J. MURGATROYD</b>	<b>PRESIDENT</b>			
	0.00	0.	0.	0.
<b>JOSEPH F. TRINITY</b>	<b>VICE PRESIDENT</b>			
	0.00	0.	0.	0.
<b>ROBERT J SHANAHAN, JR</b>	<b>PRESIDENT-ELECT</b>			
	0.00	0.	0.	0.
<b>STEVEN C. LEMBER</b>	<b>TREASURER</b>			
	0.00	0.	0.	0.
<b>CHRISTOPHER J. TROFIMOV</b>	<b>SECRETARY</b>			
	0.00	0.	0.	0.
<b>ANTHONY J. MURGATROYD</b>	<b>TRUSTEE</b>			
	0.00	0.	0.	0.
<b>JUDITH A NOVAK</b>	<b>TRUSTEE</b>			
	0.00	0.	0.	0.
<b>GREGORY J. PALAKOW</b>	<b>TRUSTEE</b>			
	0.00	0.	0.	0.
<b>JOHN H. RITTLEY</b>	<b>TRUSTEE</b>			
	0.00	0.	0.	0.
<b>ALISON DYER TROFIMOV</b>	<b>TRUSTEE</b>			
	0.00	0.	0.	0.
<b>FRANKLIN G. WHITTLESEY</b>	<b>TRUSTEE</b>			
	0.00	0.	0.	0.
<b>MARY ROSS MOTT</b>	<b>TRUSTEE</b>			
	0.00	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.		
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
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 0.</span>		
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
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ 38b N/A</span>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">▶ 39a N/A</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ 39b N/A</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ N/A</span> ; section 4912 <span style="float:right">▶ N/A</span> ; section 4955 <span style="float:right">▶ N/A</span>		
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
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>		
d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
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">▶ NONE</span>		
42a	The books are in care of <span style="float:right">▶ STEVEN C. LEMBER</span> Telephone no. <span style="float:right">▶ 788-0087</span> Located at <span style="float:right">▶ P.O. BOX 907, FLEMINGTON, NJ</span> ZIP + 4 <span style="float:right">▶ 08822</span>		
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">▶</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X
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">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43 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.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?
47 Did the organization engage in lobbying activities?
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)?
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization(s) a section 527 organization?
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.

Table with 2 columns: Yes, No. Rows 46, 47, 48, 49a, 49b.

Table for line 50: Compensation of top 5 employees. Columns: (a) Name and address, (b) Title and average hours, (c) Compensation, (D) Contributions, (E) Expense account.

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization.

Table for line 51: Compensation of top 5 independent contractors. Columns: (a) Name and address, (b) Type of service, (c) Compensation.

Sign Here: 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: Steven C. Lember, Treasurer. Date: 7/15/10.

Paid Preparer's Use Only: Preparer's signature, Date: 07/15/10, Check if self-employed, Preparer's Identifying Number, Firm's name: CATINO & ASSOCIATES, P.C., 4 WALTER FORAN BLVD., SUITE 308, FLEMINGTON, NJ 08822, Phone no.: (908) 782-5077.

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



FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

<u>CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
SCHOLARSHIP 2009 OLAIERE ADUBO	NONE	500.
SCHOLARSHIP 2009 CHRISTINA KOPKA	NONE	500.
SCHOLARSHIP 2009 JUMANA DAKKA	NONE	500.
SCHOLARSHIP 2009 SHAWNEE BERNSTEIN	NONE	500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>2,000.</u>

THE ORGANIZATIONS PRIMARY EXEMPT PURPOSE IS TO ADVANCE THE SCIENCE OF JURISPRUDENCE, PROMOTE THE ADMINISTRATION OF JUSTICE AND UNIFORMITY OF LEGISLATION AND OF JUDICIAL DECISION THROUGHOUT THE COUNTY OF HUNTERDON AND THE STATE OF NEW JERSEY, UPHOLD THE HONOR OF THE PROFESSION OF THE LAW, ENCOURAGE, CORDIAL ASSOCIATION AMONG THE MEMBERS OF THE BAR IN THE COUNTY, MAINTAIN AND IMPROVE RELATIONS BETWEEN THE BAR AND THE PUBLIC, PROVIDE OPPORTUNITIES FOR CONTINUING EDUCATION OF THE MEMBERS OF THE ASSOCIATION AND IN GENERAL, TO ADVANCE THE HONOR, WELFARE, COMPETENCE AND ENJOYMENT OF THE MEMBERS OF THE BAR.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

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

• 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)

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>HUNTERDON COUNTY BAR ASSOCIATION</b>	Employer identification number <b>13-3681628</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. BOX 573</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>ANNANDALE, NJ 08801</b>	

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

Form 990   
 Form 990-EZ   
 Form 990-T (sec 401(a) or 408(a) trust)   
 Form 1041-A   
 Form 5227   
 Form 8870  
 Form 990-BL   
 Form 990-PF   
 Form 990-T (trust other than above)   
 Form 4720   
 Form 6069

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

**STEVEN C. LEMBER**

• The books are in the care of **P.O. BOX 907 - FLEMINGTON, NJ 08822**  
Telephone No **788-0087** FAX No

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **JULY 15, 2010**

5 For calendar year \_\_\_\_\_, or other tax year beginning **SEP 1, 2008**, and ending **AUG 31, 2009**

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

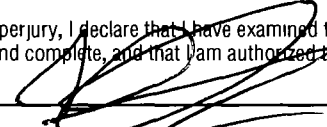
7 State in detail why you need the extension

**TAXPAYER HEREBY REQUESTS ADDITIONAL TIME TO GATHER RECORDS TO FILE AN COMPLETE AND ACCURATE TAX RETURN.**

<b>8a</b> 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	<b>8a</b>	\$
<b>b</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	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

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

Signature  Title **Treasurer** Date **7/15/10**