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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545 1150

**2010**

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2010 calendar year, or tax year beginning **Sep 1**, 2010, and ending **Aug 31**, 2011

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**HUNTERDON COUNTY BAR ASSOCIATION**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**PO BOX 573**

City or town, state or country, and ZIP + 4  
**ANNANDALE NJ 08801**

**D** Employer identification number  
**13-3681628**

**E** Telephone number  
**(908) 236-6109**

**F** Group Exemption Number

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

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

**I** Website: **huntcolaw.org**

**J** Tax-exempt status (ck only one) -  501(c)(3)  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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 62,493.**

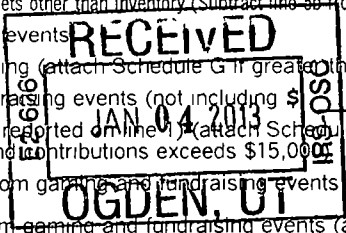
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>180.</b>
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	<b>30,627.</b>
<b>3</b>	Membership dues and assessments	<b>3</b>	<b>31,035.</b>
<b>4</b>	Investment income	<b>4</b>	<b>651.</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)	<b>5c</b>	
<b>6</b>	Gaming and fundraising events		
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b>	Gross income from fundraising events (not including \$15,000 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b>	Less cost of goods sold	<b>7b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>62,493.</b>
<b>10</b>	Grants and similar amounts paid (list in Schedule O) <b>See L-10 Stmt</b>	<b>10</b>	<b>1,500.</b>
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	<b>23,663.</b>
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	<b>750.</b>
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>449.</b>
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	<b>73.</b>
<b>16</b>	Other expenses (describe in Schedule O) <b>See Form 990-EZ, Part I, Line 16 Other Expenses</b>	<b>16</b>	<b>34,576.</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>61,011.</b>
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>1,482.</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>41,633.</b>
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>43,115.</b>

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

SCANNED JAN 16 2013



**Part II Balance Sheets.** (see the instructions for Part II.)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	41,633.22	43,115.00
23 Land and buildings	0.23	0.00
24 Other assets (describe in Schedule O)	0.24	0.00
25 Total assets	41,633.25	43,115.00
26 Total liabilities (describe in Schedule O)	0.26	0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,633.27	43,115.00

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)

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

What is the organization's primary exempt purpose? **SEE ATTACHED STATEMENT**

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, and other relevant information for each program title

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

28 <b>MEMBER AND PUBLIC EDUCATION AND CORDIAL ASSOCIATION.</b>		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	54,040.
29 -----		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 -----		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	54,040.

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
JEANNINE GORMAN PO BOX 573 ANNANDALE NJ 08801	EXEC DIR 20.00	23,663.	0.	
STEVEN C. LEMBER PO BOX 573 ANNANDALE NJ 08801	PRESIDENT 2.00	0.	0.	
CHRISTOPHER J. TROFIMOV PO BOX 573 ANNANDALE NJ 08801	PRES ELECT 2.00	0.	0.	
MICHELLE CRESTI PO BOX 573 ANNANDALE NJ 08801	VICE PRES 2.00	0.	0.	
HAEKYOUNG SUH PO BOX 573 ANNANDALE NJ 08801	TREASURER 2.00	0.	0.	
DIANA N. FREDERICKS PO BOX 573 ANNANDALE NJ 08801	SECRETARY 2.00	0.	0.	
JOSEPH F. TRINITY PO BOX 573 ANNANDALE NJ 08801	TRUSTEE 2.00	0.	0.	
ANTHONY J. MURGATROYD PO BOX 573 ANNANDALE NJ 08801	TRUSTEE 2.00	0.	0.	
ALISON DYER TROFIMOV PO BOX 573 ANNANDALE NJ 08801	TRUSTEE 2.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
<b>35</b> 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, explain in Schedule O why the organization did not report the income on Form 990 T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37 a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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 outstanding at the end of the tax year covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38 b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39 a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39 b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40 b</b>		
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ <b>40 c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____ <b>40 d</b>		
<b>e</b> 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 <b>40 e</b>		X
<b>41</b> List the states with which a copy of this return is filed ▶ _____		

**42 a** The organization's books are in care of ▶ TAXPAYER Telephone no ▶ (908) 236-6109  
 Located at ▶ PO Box 573 Annandale NJ ZIP + 4 ▶ 08801

	Yes	No
<b>b</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 ▶ _____ <b>42 b</b>		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts</b>		
<b>c</b> 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 ▶ _____ <b>42 c</b>		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here  and enter the amount of tax-exempt interest received or accrued during the tax year **43**

	Yes	No
<b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>44 a</b>		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>44 b</b>		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44 c</b>		X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O <b>44 d</b>		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45 a		X
46		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)

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

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49 a		
49 b		

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(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 and deferred compensation	(e) Expense account and other allowances

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Hackyoung Suh</i>	Date 12/28/2012			
	Type or print name and title Hackyoung Suh, Treasurer				
Paid Preparer Use Only	Print/Type preparer's name JAMES M. MURRAY	Preparer's signature <i>James Murray</i>	Date 12/14/12	Check <input checked="" type="checkbox"/> if self employed	PTIN
	Firm's name JAMES M. MURRAY CPA				
	Firm's address P.O. BOX 297 CALIFON NJ 07830			Firm's EIN	
					Phone no (908) 832-5273

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



Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

<b>ADVERTISING, MARKETING</b>	<b>3,077.</b>
<b>MEETINGS, SEMINARS</b>	<b>16,035.</b>
<b>OFFICE</b>	<b>3,305.</b>
<b>TELEPHONE</b>	<b>569.</b>
<b>LAW DAY PROGRAM</b>	<b>2,000.</b>
<b>MOCK TRIAL EXPENSES</b>	<b>248.</b>
<b>PHOTOGRAPH PROJECTS</b>	<b>1,753.</b>
<b>AWARDS</b>	<b>316.</b>
<b>LATINO CLE EXPENSES</b>	<b>747.</b>
<b>BANK SERVICE CHARGES</b>	<b>55.</b>
<b>DONATIONS</b>	<b>2,250.</b>
<b>MISCELLANEOUS</b>	<b>86.</b>
<b>LRS EXPENSE</b>	<b>756.</b>
<b>WEBSITE EXPENSE</b>	<b>592.</b>
<b>DIRECTOR EXPENSES</b>	<b>2,787.</b>
<b>Total</b>	<b><u>34,576.</u></b>

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>ANTHONY P. KEARNS, III</b> PO BOX 573 ANNANDALE NJ 08801 Foreign city _____ Foreign country _____	Title <b>TRUSTEE</b> Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>MARY ROSE MOTT</b> PO BOX 573 ANNANDALE NJ 08801 Foreign city _____ Foreign country _____	Title <b>TRUSTEE</b> Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>JUDITH A. NOVAK</b> PO BOX 573 ANNANDALE NJ 08801 Foreign city _____ Foreign country _____	Title <b>TRUSTEE</b> Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>JOHN H. RITTLEY</b> PO BOX 573 ANNANDALE NJ 08801 Foreign city _____ Foreign country _____	Title <b>TRUSTEE</b> Hours/Week 2.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	Title			
Foreign city _____ Foreign country _____	Hours/Week			

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Purpose of Payment SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>SCHOLARSHIP</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>CHRISTINA GRILLO</b>	<b>CANDIDATE</b>	<b>500.</b>

If property other than cash was given, the following additional information needs to be provided  
 Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>SCHOLARSHIP</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>MADDI VALINSKI</b>	<b>CANDIDATE</b>	<b>500.</b>

If property other than cash was given, the following additional information needs to be provided.  
 Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

Purpose of Payment

**SCHOLARSHIP**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>SCHOLARSHIP</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>ADAM ISMAIL</b>	<b>CANDIDATE</b>	<b>500.</b>

If property other than cash was given, the following additional information needs to be provided.

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Additional Information For Tax Return

HUNTERDON COUNTY BAR ASSOCIATION

13-3681628

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