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

Short Form

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 09-01-2012, and ending 08-31-2013

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): PO BOX 573
Room/suite:
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: HTTP://WWW.HUNTCOLAW.ORG/
J Tax-exempt status (check 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 or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 115,210**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Revenue	
1 Contributions, gifts, grants, and similar amounts received	1 1,650
2 Program service revenue including government fees and contracts	2 68,323
3 Membership dues and assessments	3 45,150
4 Investment income	4
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)	5c
6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
c Less direct expenses from gaming and fundraising events	6c
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
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 in Schedule O)	8 87
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 115,210
Expenses	
10 Grants and similar amounts paid (list in Schedule O)	10 1,500
11 Benefits paid to or for members	11 6,814
12 Salaries, other compensation, and employee benefits	12 23,356
13 Professional fees and other payments to independent contractors	13 1,450
14 Occupancy, rent, utilities, and maintenance	14 3,164
15 Printing, publications, postage, and shipping	15 239
16 Other expenses (describe in Schedule O)	16 58,817
17 Total expenses. Add lines 10 through 16	17 95,340
Net Assets	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 19,870
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 31,933
20 Other changes in net assets or fund balances (explain in Schedule O)	20 1,016
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 52,819

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	31,933	22	53,119
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	31,933	25	53,119
26 Total liabilities (describe in Schedule O)	0	26	300
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,933	27	52,819

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

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

What is the organization's primary exempt purpose?
THE 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 ALSO TO UPHOLD THE HONOR OF THE PROFESSION OF THE LAW, ENCOURAGE COURDIAL 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

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

28 MEMBER AND PUBLIC EDUCATION AND CORDIAL ASSOCIATION (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	77,612
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) <input type="checkbox"/>	32	77,612

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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 outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b 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?
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of JEANNINE GORMAN Telephone no (908) 236-6109 Located at PO BOX 573 ANNANDALE, NJ ZIP + 4 08801
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U S ?
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
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47

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

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

b If "Yes," was the related organization a section 527 organization? 49b

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

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

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

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

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 2014-02-04 Date DIANA N FREDERICKS TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature JOSEPH M CARDUCCI Date Check if self-employed PTIN P00626953 Firm's name BEDARD KUROWICKI & CO CPA'S PC Firm's EIN 22-3299874 Firm's address 114 BROAD STREET FLEMINGTON, NJ 08822 Phone no (908) 782-7900

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

Additional Data**Software ID:****Software Version:****EIN:** 13-3681628**Name:** HUNTERDON COUNTY BAR ASSOCIATION**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
STEVEN C LEMBER PRESIDENT	2 00	0	0	0
CHRISTOPHER J TROFIMOV PRESIDENT - ELECT	2 00	0	0	0
MICHELLE CRESTI VICE-PRESIDENT	2 00	0	0	0
HAEKYOUNG SUH TREASURER	2 00	0	0	0
DIANA N FREDERICKS SECRETARY	2 00	0	0	0
JOSEPH F TRINITY IMMEDIATE PAST PRESIDENT	2 00	0	0	0
ANTHONY J MURGATROYD TRUSTEE	2 00	0	0	0
ALISON DYER TROFIMOV TRUSTEE	2 00	0	0	0
ANTHONY P KEARNS III TRUSTEE	2 00	0	0	0
MARY ROSE MOTT TRUSTEE	2 00	0	0	0
JUDITH A NOVAK TRUSTEE	2 00	0	0	0
JOHN H RITTLEY TRUSTEE	2 00	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
HUNTERDON COUNTY BAR ASSOCIATION

Employer identification number

13-3681628

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION INTEREST INCOME AMOUNT 87
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME CAMERON MENEZES AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME KAYLA PIERLE AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME CHRISTINA GIORDANO AMOUNT GIVEN 500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 1,500
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OFFICE EXPENSES AMOUNT 4,511 DESCRIPTION PHILANTHROPY AMOUNT 3,584 DESCRIPTION EVENT EXPENSES AMOUNT 43,876 DESCRIPTION SEMINAR EXPENSES AMOUNT 2,744 DESCRIPTION OTHER EXPENSES AMOUNT 3,952 DESCRIPTION TEMPORARY HELP AMOUNT 150 TOTAL TO FORM 990-EZ, LINE 16 58,817
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION PRIOR PERIOD ADJUSTMENTS AMOUNT 1,016
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION CITIBANK BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 300

**TY 2012 Transfers Personal Benefits
Contracts Declaration**

Name: HUNTERDON COUNTY BAR ASSOCIATION

EIN: 13-3681628

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