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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 09-01-2013, and ending 08-31-2014

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 province, country, and ZIP or foreign postal code: ANNANDALE, NJ 08801

D Employer identification number: 13-3681628

E Telephone number: (908) 236-6109

F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [X] 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) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 63,558

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 [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 2,400 to 45,164.

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	53,119	22 48,536
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	53,119	25 48,536
26 Total liabilities (describe in Schedule O)	300	26 3,372
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,819	27 45,164

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	71,213
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 checked="" type="checkbox"/>	32	71,213

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

			Yes	No
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	33		No
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. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	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? If "Yes," complete Schedule C, Part III	35c		No
36	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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/>	37a	0	
b	Did the organization file Form 1120-POL for this year?	37b		
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?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>			
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	40b		
c	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 <input type="checkbox"/>			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>			
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	40e		No
41	List the states with which a copy of this return is filed <input type="checkbox"/>			
42a	The organization's books are in care of <input type="checkbox"/> JEANNINE GORMAN Telephone no <input type="checkbox"/> (908) 236-6109 Located at <input type="checkbox"/> PO BOX 573 ANNANDALE, NJ ZIP + 4 <input type="checkbox"/> 08801			
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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b		No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ? Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>	43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
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	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

	Yes	No
46		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

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		
48		
49a		
49b		

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

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

49a 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 title of each employee	(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 "

(a) Name and business address of each independent contractor	(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
 DANIEL B TUNE TREASURER
 Type or print name and title
 2015-01-22
 Date

Paid Preparer Use Only
 Print/Type preparer's name: JOSEPH M CARDUCCI
 Preparer's signature: _____
 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 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
CHRISTOPHER J TROFIMOV PRESIDENT	2 00	0	0	0
MICHELLE CRESTI PRESIDENT - ELECT	2 00	0	0	0
HAEKYOUNG SUH VICE-PRESIDENT	2 00	0	0	0
DIANA N FREDERICKS TREASURER	2 00	0	0	0
DANIEL B TUNE SECRETARY	2 00	0	0	0
STEVEN C LEMBER 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HUNTERDON COUNTY BAR ASSOCIATION

Employer identification number

13-3681628

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION INTEREST INCOME AMOUNT 89
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME ALLISON KAUFMAN GRANTEE RELATIONSHIP NONE DATE OF GIFT VARIOUS AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME ALEXANDRA HARIS GRANTEE RELATIONSHIP NONE DATE OF GIFT VARIOUS AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME JASON NYKORCZUK GRANTEE RELATIONSHIP NONE DATE OF GIFT VARIOUS AMOUNT GIVEN 500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 1,500
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSES AMOUNT 6,417 DESCRIPTION PHILANTHROPY AMOUNT 6,082 DESCRIPTION EVENT EXPENSES AMOUNT 17,476 DESCRIPTION SEMINAR EXPENSES AMOUNT 5,341 DESCRIPTION OTHER EXPENSES AMOUNT 3,436 DESCRIPTION TEMPORARY HELP AMOUNT 125 TOTAL TO FORM 990-EZ, LINE 16 38,877
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION CITIBANK BEG OF YEAR AMOUNT 300 END OF YEAR AMOUNT 3,372

**TY 2013 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.