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Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

**2014**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

**A** For the 2014 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: HUDSON COUNTY BAR ASSOCIATION

**D** Employer identification number: 22-2230712

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
 583 NEWARK AVENUE

**E** Telephone number: 201-798-4708

City or town, state or province, country, and ZIP or foreign postal code  
 JERSEY CITY, NJ 07306

**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: ▶ WWW.HCBALAW.COM

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527

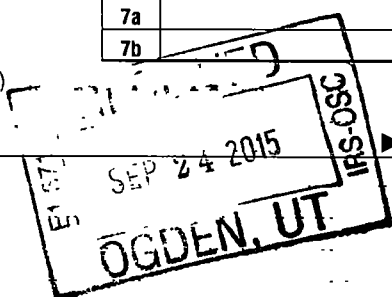
**K** Form of organization  Corporation  Trust  Association  Other

**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. ▶ \$ 194,029.

**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

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																				750.
	2	Program service revenue including government fees and contracts																				131,107.
	3	Membership dues and assessments																				62,155.
	4	Investment income																				17.
	5a	Gross amount from sale of assets other than inventory																				
	5b	Less cost or other basis and sales expenses																				
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																				
	6	Gaming and fundraising events																				
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																				
6b	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)																					
6c	Less direct expenses from gaming and fundraising events																					
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																					
7a	Gross sales of inventory, less returns and allowances																					
7b	Less cost of goods sold																					
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																					
8	Other revenue (describe in Schedule O)																					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																				194,029.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)																				
	11	Benefits paid to or for members																				
	12	Salaries, other compensation, and employee benefits																				136,398.
	13	Professional fees and other payments to independent contractors																				8,880.
	14	Occupancy, rent, utilities, and maintenance																				5,288.
	15	Printing, publications, postage, and shipping																				6,427.
	16	Other expenses (describe in Schedule O)																				50,896.
	17	Total expenses. Add lines 10 through 16																				207,889.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																				-13,860.
	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)																				56,098.
	20	Other changes in net assets or fund balances (explain in Schedule O)																				0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																				42,238.



SEE SCHEDULE O

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

SCANNED OCT 01 2015



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 Sch. O to respond to any question in this Part V [X]

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. Otherwise, explain the change on Schedule O (see instructions)
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
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? If "Yes," complete Schedule C, Part III
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
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
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
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 of 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? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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? If "No," provide an explanation in Schedule O
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

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

Table with Yes/No columns for question 46. Answer: No (X)

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

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

Table with Yes/No columns for question 47. Answer: No

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

Table with Yes/No columns for question 48. Answer: No

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

Table with Yes/No columns for question 49a. Answer: No

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

Table with Yes/No columns for question 49b. Answer: No

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, (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. Entry: N/A

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 business address of each independent contractor, (b) Type of service, (c) Compensation. Entry: N/A

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 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: Gregory G. Debold, Date: 9/18/15, Type or print name and title: GREGORY G. Debold, PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name: ALAN C MARGULIES, Preparer's signature: [Signature], Date: 08/17/15, Check [X] if self-employed, PTIN: P00206255, Firm's name: ALAN C. MARGULIES, CPA, Firm's EIN: 22-3004338, Firm's address: HARBORSIDE PLZ 10 #1201 JERSEY CITY, NJ 07311-3988, Phone no: 201-333-0666

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

**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 990-EZ 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](http://www.irs.gov/form990)

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

HUDSON COUNTY BAR ASSOCIATION

Employer identification number  
22-2230712

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDEND INCOME	17.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
AUTOMOBILE EXPENSE	81.
BOOKS/DUES/SUBSCRIPTIONS	405.
EDUCATION/SEMINARS	3,691.
INSURANCE	9,973.
OFFICE SUPPLIES & EXPNESE	15,907.
PAYROLL SERVICE FEES	219.
PERMITS	200.
CREDIT CARD FEES	2,918.
ADVERTISING	750.
EMPLOYEE RETIREMENT PLAN	2,734.
PAYROLL TAXES	12,168.
DONATIONS	1,850.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>50,896.</b>

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE FROM HUDSON COUNTY BAR FOUNDATION	35,581.	45,409.

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
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**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 990-EZ 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

HUDSON COUNTY BAR ASSOCIATION

Employer identification number  
22-2230712

DUE TO LEGALITIES	4,222.	4,222.
PAYROLL LIABILITIES	3,031.	6,965.
RETIREMENT PLAN PAYABLE	0.	1,312.
TOTAL TO FORM 990-EZ, LINE 26	7,253.	12,499.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE HUDSON COUNTY BAR ASSOCIATION HAS BEEN DEDICATED TO ADVANCING ITS MEMBERS' PROFESSIONAL DEVELOPMENT, PROMOTING THE HIGHEST STANDARDS OF EXCELLENCE IN THE PRACTICE OF LAW, AND FACILITATING ACCESS TO LEGAL SERVICES FOR THE HUDSON COUNTY COMMUNITY. THE HCBA ENCOURAGES QUALITY AND ETHICS IN THE PRACTICE OF LAW THROUGH THE PROFESSIONAL DEVELOPMENT OF OUR MEMBERS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:  
ADVANCING MEMBERS' PROFESSIONAL DEVELOPMENT, PROMOTING THE HIGHEST STANDARDS OF EXCELLENCE IN THE PRACTICE OF LAW, AND FACILITATING ACCESS TO LEGAL SERVICES FOR THE HUDSON COUNTY COMMUNITY

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  
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.

## OFFICERS

<u>Name</u>	<u>Address</u>	<u>Telephone &amp; Fax</u>
Stephen J. McCurrie President <a href="mailto:stephen@mccurrielaw.com">stephen@mccurrielaw.com</a>	McCurrie, McCurrie & McCurrie 680 Kearny Avenue Kearny, NJ 07032	Tel: (201)997-2100 Fax: (201)997-9567 Cell: (201) 988-5524
Gregory G. Diebold President Elect <a href="mailto:gdiebold@lsnj.org">gdiebold@lsnj.org</a>	North East Legal Services 574 Summit Avenue Jersey City, NJ 07306	Tel: (201)792-6363 xt 3216 Fax: (201)798-8780 Cell: (201)994-5534
Lori Ciecckiewicz First Vice-President <a href="mailto:LC@DADLC.com">LC@DADLC.com</a>	D'Alessandro & Ciecckiewicz, PC 3279 Kennedy Blvd Jersey City, NJ 07306	Tel: (201)653-4340 Fax: (201)653-1871 Cell: (201) 370-8816
Jonathan Koles Second Vice-President <a href="mailto:jkoles@kbblegal.com">jkoles@kbblegal.com</a>	Koles Burke & Bustillo 2600 Kennedy Blvd., Suite 1K Jersey City, NJ 07306	Tel: (201)200-0300 Fax: (201)798-1393
Leo J. Hurley, Jr. Recording Sec. <a href="mailto:lhurley@connellfoley.com">lhurley@connellfoley.com</a>	Connell Foley 2510 Plaza 5 Jersey City, NJ 07311	Tel: 201-521-1000 Cell: 201-334-8854 Fax: 201-521-0100
Eric D. McCullough Membership Sec. <a href="mailto:edm@lawwmm.com">edm@lawwmm.com</a>	Waters, McPherson, McNeil 300 Lighting Way Secaucus, NJ 07096	Tel: (201)863-4400 Fax: (201)863-2866 Cell: 201-978-0079
Sotiria Makrogiannis Treasurer <a href="mailto:sot@biclanlaw.com">sot@biclanlaw.com</a>	33 W 8th Street Floor 2 Bayonne, NJ 07002-1287	Tel: (201)436-1198 Fax: (201)436-0314 Cell: 201-248-4084

## TRUSTEES

<u>Name</u>	<u>Address</u>	<u>Telephone &amp; Fax</u>
Norberto A. Garcia Past-President <a href="mailto:norberto@garcialawnj.com">norberto@garcialawnj.com</a>	Javerbaum 35 Journal Square, Suite 525 Jersey City, NJ 07306-2701	Tel: (201)876-8930 Fax: (201) 876-8931 cell: (201)412-8758
Markis M. Abraham YLD President <a href="mailto:mabraham@abclawfirm.com">mabraham@abclawfirm.com</a>	35 Journal Sq. 4th Floor Jersey City NJ 07306	Tel: 201.680.7151 cell: 973-536-8545 fax: 888-680-7179
Gerald H. Baker <a href="mailto:ghb@bakerlaw-nj.com">ghb@bakerlaw-nj.com</a>	Baker, Pedersen & Robbins, PA 1 Newark Street Hoboken, NJ 07030	Tel: (201)659-2635 Fax: (201)659-1400 Cell: 201-795-1000
Brunilda Bonilla <a href="mailto:bonillalawoffice@cs.com">bonillalawoffice@cs.com</a> <a href="mailto:bonillalawoffice@verizon.net">bonillalawoffice@verizon.net</a>	Law Offices of Brunilda Bonilla 3332 Kenndey Blvd. 1st Floor Jersey City, NJ 07307	Tel: (201)653-7101 Fax: (201)659-7450
Michael A. Cifelli <a href="mailto:mcifelli@scarincihollenbeck.com">mcifelli@scarincihollenbeck.com</a>	Scarinci Hollenbeck, LLC 242 10th street suite 101 Jersey City NJ, 07302	Tel: (201)896-4100 Fax: (201)896-8660
Anthony D'Elia, Esq. <a href="mailto:adclia@chasanlaw.com">adclia@chasanlaw.com</a>	Chasan Leyner & Lamparello, PC 300 Harmon Meadow Blvd., 6th Fl. Secaucus, New Jersey 07094	Tel: (201)348-6000 Fax: (201)348-6633
James F. Dronzek <a href="mailto:jdronzek@chasanlaw.com">jdronzek@chasanlaw.com</a>	Chasan Leyner & Lamparello, PC 300 Harmon Meadow Blvd., 6th Fl. Secaucus, New Jersey 07094	Tel: (201)348-6000 Fax: (201)348-6633
Paul S. Evangelista <a href="mailto:Paul@defilippobetznerlaw.com">Paul@defilippobetznerlaw.com</a>	DeFelippo & Betzner, P.C 3133 Central Ave, Suite 203 Union City, NJ 07087	Tel: 201-864-2255 Fax: 201-864-4409

• 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).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. <b>HUDSON COUNTY BAR ASSOCIATION</b>	Employer identification number (EIN) or <b>22-2230712</b>
	Number, street, and room or suite no. If a P O. box, see instructions. <b>583 NEWARK AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>JERSEY CITY, NJ 07306</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

**ALAN C MARGULIES, CPA - HARBORSIDE PLAZA 10, SUITE 1201,**

• The books are in the care of **▶ 3 SECOND ST - JERSEY CITY, NJ 07311**

Telephone No. **▶ 201-333-0666**

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 **NOVEMBER 15, 2015.**

5 For calendar year **2014**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 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 **ADDITIONAL TIME IS REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 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>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

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 **▶ CPA**

Date **▶**