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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

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. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 09-01-2014, and ending 08-31-2015

- B Check if applicable: Address change, Name change, Initial return, Final 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 \$ 101,363

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 485 to 36,398.

**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
<b>22</b> Cash, savings, and investments . . . . .	48,536	<b>22</b>	37,582
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	
<b>25 Total assets</b> . . . . .	48,536	<b>25</b>	37,582
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	3,372	<b>26</b>	1,184
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	45,164	<b>27</b>	36,398

**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

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

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

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

**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
CHRISTOPHER TROFIMOV TRUSTEE	2 00	0	0	0
MICHELLE CRESTI IMMEDIATE PAST PRESIDENT	2 00	0	0	0
HAEKYOUNG SUH PRESIDENT	2 00	0	0	0
DIANA N FREDERICKS PRESIDENT- ELECT	2 00	0	0	0
DANIEL B TUNE VICE PRESIDENT	2 00	0	0	0
ANTHONY J MURGATROYD TRUSTEE	2 00	0	0	0
JOHN J BURKE III TREASURER	2 00	0	0	0
KASIA ZIELINSKI SECRETARY	2 00	0	0	0
STEVEN C LEMBER TRUSTEE	2 00	0	0	0
MARY ANN BAUER TRUSTEE	2 00	0	0	0
JOHN H RITTLLEY TRUSTEE	2 00	0	0	0
TODD BOLIG TRUSTEE	2 00	0	0	0

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 . . . . . [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 . . . . . 33 Yes No 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 Yes No 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 Yes No 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 Yes No
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 Yes No 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 Yes No No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions [X] 37a 0
b Did the organization file Form 1120-POL for this year? . . . . . 37b Yes No
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 Yes No No
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . 38b
39 Section 501(c)(7) organizations Enter . . . . . 39a
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 [X], section 4912 [X], section 4955 [X]
b 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 . . . . . 40b
c 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 [X]
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . .
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 Yes No No
41 List the states with which a copy of this return is filed [X]
42a The organization's books are in care of [X] JENNY PLASCHE Telephone no [X] (908) 236-6109 Located at [X] 18 SUNRISE CIRCLE CLINTON, NJ ZIP + 4 [X] 08809
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)? . . . . . 42b Yes No No
If "Yes," enter the name of the foreign country [X]
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
c At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . . 42c Yes No No
If "Yes," enter the name of the foreign country [X]
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [X] and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 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 Yes No 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 Yes No No
c Did the organization receive any payments for indoor tanning services during the year? . . . . . 44c Yes No 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 Yes No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . 45a Yes No 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

	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 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 Date 2016-02-10  
 JOHN BURKE TREASURER Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name JOSEPH 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

**TY 2014 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.

**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  
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 72
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME JUSTIN BEAN GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME NELSON DONG GRANTEE RELATIONSHIP NON E AMOUNT GIVEN 500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 1,000
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSES AMOUNT 8,489 DESCRIPTION PHILANTHROPY AMOUNT 3,147 DESCRIPTION EVENT EXPENSES AMOUNT 48,552 DESCRIPTION SEMINAR EXPENSES AMOUNT 5,351 DESCRIPTION OTHER EXPENSES AMOUNT 3,308 DESCRIPTION TEMPORARY HELP AMOUNT 963 TOTAL TO FORM 990-EZ, LINE 16 69,810
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION CITIBANK BEG OF YEAR AMOUNT 3,372 END OF YEAR AMOUNT 1,184