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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

A For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization KANE COUNTY BAR ASSOCIATION		D Employer identification number 36-2890725
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 555 SOUTH RANDALL ROAD 203		E Telephone number 630-762-1915
		City or town, state or country, and ZIP + 4 ST. CHARLES, IL 60174		F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method: Cash Accrual
Other (specify) _____

I Website: **WWW.KANEBAR.ORG**

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

J Tax-exempt status (check only one) - 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 \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 411,718.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	300.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	255,482.
	4	Investment income	4	334.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 200. of contributions reported on line 1)	6a	83,485.
b	Less: direct expenses other than fundraising expenses	6b	79,747.	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	3,738.	
7a	Gross sales of inventory, less returns and allowances STMT 6	7a	72,102.	
b	Less: cost of goods sold STMT 7	7b	52,159.	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	19,943.	
8	Other revenue (describe OTHER)	8	15.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	279,812.	
Net Assets	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	149,308.
	13	Professional fees and other payments to independent contractors	13	2,170.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 5	14	59,817.
	15	Printing, publications, postage, and shipping	15	13,057.
	16	Other expenses (describe SEE STATEMENT 1)	16	50,961.
	17	Total expenses. Add lines 10 through 16	17	275,313.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,499.
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	185,571.	
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	<824.>	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	189,246.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	80,506.	89,769.
23 Land and buildings	585,145.	569,426.
24 Other assets (describe SEE STATEMENT 2)	10,194.	8,683.
25 Total assets	675,845.	667,878.
26 Total liabilities (describe SEE STATEMENT 3)	490,274.	478,632.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	185,571.	189,246.

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	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, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		N/A
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 ▶ N/A		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
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		X
41	List the states with which a copy of this return is filed. ▶ IL		
42a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 630-762-1915 Located at ▶ 555 SOUTH RANDALL ROAD, ST CHARLES, IL ZIP + 4 ▶ 60174		
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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X
c	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: ▶		X
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 ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 48
- b If "Yes," was the related organization a section 527 organization? 49a
- 49b 48b
- 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 & deferred compensation	(e) Expense account and other allowances
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."

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

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

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) based on all information of which preparer has any knowledge.

Sign Here: *Patrick M. Kinnally* Signature of officer Date 11-4-10
 Patrick M. Kinnally, President
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature *[Signature]* Date 9/17/10 Check if self-employed Preparer's identifying number (See instr)

Firm's name (or yours if self-employed), address, and ZIP + 4: **MUELLER & CO., LLP**
2560 FOXFIELD RD., STE. 300
ST. CHARLES, IL 60174

EIN Phone no. 630-377-2550

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		GOLF OUTING (event type)	SEMINARS (event type)	3 (total number)		
Revenue	1	Gross receipts	33,663.	29,632.	20,390.	83,685.
	2	Less: Charitable contributions			200.	200.
	3	Gross income (line 1 minus line 2)	33,663.	29,632.	20,190.	83,485.
Direct Expenses	4	Cash prizes	650.		400.	1,050.
	5	Noncash prizes	721.		889.	1,610.
	6	Rent/facility costs	9,631.	746.		10,377.
	7	Food and beverages	10,253.	28,097.	14,183.	52,533.
	8	Entertainment				
	9	Other direct expenses	889.	6,496.	6,792.	14,177.
	10	Direct expense summary Add lines 4 through 9 in column (d)				(79,747)
11	Net income summary Combine line 3, column (d), and line 10				3,738.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				(_____)
8	Net gaming income summary Combine line 1, column (d), and line 7				

9	Enter the state(s) in which the organization operates gaming activities _____	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in.

a The organization's facility

13a	%
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b An outside facility

13b	%
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14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
OFFICE EXPENSE		21,760.	
COPIER COSTS		7,689.	
INSURANCE		7,006.	
BANK CHARGES		4,021.	
TRAINING		0.	
REPAIRS		1,642.	
OTHER LABOR		393.	
BOARD EXPENSE		173.	
TELEPHONE		5,195.	
LICENSES/FEES		10.	
TAXES		401.	
COMPUTER EXPENSE		2,671.	
TOTAL TO FORM 990-EZ, LINE 16		50,961.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES		10,194.	8,683.
TOTAL TO FORM 990-EZ, LINE 24		10,194.	8,683.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEAR
P/R TAXES		2,907.	2,855.
DUE TO KANE COUNTY BAR FOUNDATION		1,101.	<431.>
MORTGAGE PAYABLE		486,266.	476,077.
ACCOUNTS PAYABLE		0.	131.
TOTAL TO FORM 990-EZ, LINE 26		490,274.	478,632.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
NON DEDUCTIBLE FEDERAL INCOME TAXES	<824.>
TOTAL TO FORM 990-EZ, LINE 20	<824.>

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	17,588.
OTHER EXPENSES	42,229.
TOTAL TO FORM 990-EZ, LINE 14	59,817.

FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 6

INCOME

1. GROSS RECEIPTS	72,102	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		72,102
4. COST OF GOODS SOLD (LINE 13)	52,159	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		19,943

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	52,159	
11. ADD LINES 6 THROUGH 10		52,159
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		52,159

FORM 990-EZ	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	7
DESCRIPTION		AMOUNT	
COST OF SALES		52,159.	
TOTAL INCLUDED ON FORM 990-EZ, PART I, LINE 7B		52,159.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 8

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

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