



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization: **ST. CLAIR COUNTY BAR ASSOCIATION**

Number and street (or P O box, if mail is not delivered to street address): **P O. BOX 300** Room/suite: \_\_\_\_\_

City or town, state or country, and ZIP + 4: **BELLEVILLE, ILLINOIS 62222**

**D** Employer identification number: **37-1032423**

**E** Telephone number: \_\_\_\_\_

**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: ▶ \_\_\_\_\_

**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) ( ) ◀ (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. ▶ \$ \_\_\_\_\_

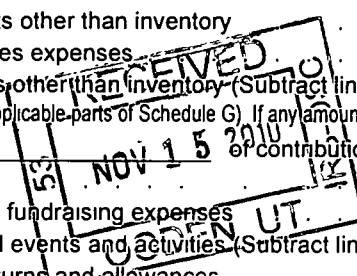
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	28,830
	4 Investment income	4	
	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	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b Less direct expenses other than fundraising expenses	6b	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a		
	7b Less cost of goods sold	7b	
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8 Other revenue (describe ▶ <u>MEETINGS AND MISCELLANEOUS</u> )	8	13,234	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	42,064	
SC Expenses	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	15,338
	13 Professional fees and other payments to independent contractors	13	350
	14 Occupancy, rent, utilities, and maintenance	14	2,825
	15 Printing, publications, postage, and shipping	15	1,240
	16 Other expenses (describe ▶ <u>MEETINGS AND MISCELLANEOUS EXPENSE</u> )	16	25,619
	17 Total expenses. Add lines 10 through 16	17	45,372
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3,308)
	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	78,665
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	75,357

**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.)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	78,665	75,357
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	Total assets	78,665	75,357
26	Total liabilities (describe ▶ _____)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	78,665	75,357



12



**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?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	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?	38a	X
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, section 4912; section 4955		
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	40b	X
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		
d	Section 501(c)(3) and 501(c)(4) 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	X
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of <u>SUE CANNADY</u> Telephone no <u>618-277-8919</u> Located at <u>PO BOX 300 BELLEVILLE, IL</u> ZIP + 4 <u>62222</u>		
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.	42b	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.	42c	X
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	43	<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	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

	Yes	No
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(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		

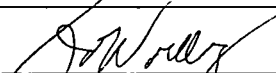
d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

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

Sign Here


11/10/10  
 Signature of officer Date  
 Kevin T. Hoerner, First V-P.  
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature 
 Date 11-5-2010
 Check if self-employed 
 Preparer's identifying number (See instructions) 327 30 7116  
 Firm's name (or yours if self-employed), address, and ZIP + 4 VOELLINGER, SIMPSON, DOLAN  
 4010 N ILLINOIS, BELLEVILLE, IL 62226  
 EIN ▶ 37-1309334  
 Phone no ▶ 618-233-8515

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

**ST. CLAIR COUNTY BAR ASSOCIATION  
OFFICERS AND BOARD MEMBERS  
2009-2010**

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
<b><u>OFFICERS</u></b>		
Charles J. Swartwout President	5000 West Main Street P.O. Box 23560 Belleville, IL 62223-0560	618-277-9000
Kevin T. Hoerner First Vice President	5111 West Main Street Belleville, IL 62226-4797	618-235-0020
Robert J. Bassett Second Vice President	100 North Broadway St. Louis, MO 63102	314-345-5000
Thomas B. Cannady Secretary	1931 West Main Street Belleville, IL 62226	618-234-4200
Garrett P. Hoerner Treasurer	5111 West Main Street Belleville, IL 62226-4797	618-235-0020
Jeffrey K. Watson Immediate Past Pres.	200 South Front Street East St. Louis, IL 62201	618-261-8826
<b><u>BOARD MEMBERS:</u></b>		
Heather Wescoat Dabler 2009-2011	115 West Washington Street Belleville, IL 62222	618-233-2686
Patrick Foley 2009-2011	30 East Main Street Belleville, IL 62220	618-235-1550
Matthew Zittel 2009-2011	5 Park Place Professional Centre Belleville, IL 62226	618-277-0900
Lloyd M. Cueto 2010-2012	7110 West Main Street Belleville, IL 62223	618-277-1554
David Schneidewind 2010-2011	5000 West Main Street P.O. Box 23560 Belleville, IL 62223-0560	618-277-9000
Kelly Sullivan 2010-2011	10326 Lincoln Trail Fairview Heights, IL 62208	618-277-1400
Sue Cannady Executive Director	P.O. Box 300 Belleville, IL 62222	618-277-8919