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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2012**

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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**

Department of the Treasury  
Internal Revenue Service

**A** For the 2012 calendar year, or tax year beginning , 2012, and ending ,

<b>B</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	<b>C</b> MADISON COUNTY BAR ASSOCIATION PO BOX 128 EDWARDSVILLE, IL 62025	<b>D</b> Employer identification number 37-1104412
		<b>E</b> Telephone number (618) 296-5921
		<b>F</b> Group Exemption Number

**G** Accounting Method.  Cash  Accrual Other (specify) ▶

**I** Website: ▶ HTTP://MADISONCOUNTYBAR.ORG MadcoBar.com

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

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 69,244.

**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

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	6,085.
	<b>3</b> Membership dues and assessments	<b>3</b>	63,133.
	<b>4</b> Investment income	<b>4</b>	26.
	<b>5 a</b> Gross amount from sale of assets other than inventory	<b>5 a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5 b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5 c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6 a</b>	
<b>b</b> 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)	<b>6 b</b>		
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6 c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6 d</b>		
<b>7 a</b> Gross sales of inventory, less returns and allowances	<b>7 a</b>		
<b>b</b> Less cost of goods sold	<b>7 b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7 c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	69,244.	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	13,335.
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	600.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	923.
	<b>16</b> Other expenses (describe in Schedule O) SEE SCHEDULE O	<b>16</b>	48,338.
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	63,196.	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	6,048.	
<b>ASSETS</b>	<b>19</b> 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)	<b>19</b>	30,523.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	36,571.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

SCANNED APR 23 2015

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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

Table with columns for question number, description, and Yes/No boxes. Includes questions 33 through 41 regarding organizational activities, financials, and reporting.

Table with columns for question number, description, and Yes/No boxes. Includes questions 42a through 42c regarding foreign accounts and international offices.

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

Table with columns for question number, description, and Yes/No boxes. Includes questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

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. 46  Yes  No

**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 Schedule C, Part II. 47  Yes  No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48  Yes  No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a  Yes  No

b If 'Yes,' was the related organization a section 527 organization? 49b  Yes  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.'

(a) Name and title of each employee paid more than \$100,000	(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 address of each independent contractor paid more than \$100,000	(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: [Signature] Date: April 1, 2015  
 Type or print name and title: Chris Threlkeld President

**Paid Preparer Use Only**  
 Print/Type preparer's name: SCOTT W. [Signature] Preparer's signature: [Signature] Date: 3/29/15 Check  if self-employed PTIN: P00028120  
 Firm's name: SCHEFFEL & COMPANY PC Firm's EIN: 37-1206530  
 Firm's address: 143 N KANSAS ST EDWARDSVILLE, IL 62025-1770 Phone no.: (618) 656-1206

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.

OMB No 1545 0047

**2012**

**Open to Public  
Inspection**

Name of the organization

MADISON COUNTY BAR ASSOCIATION

Employer identification number

37-1104412

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PROMOTE LEGAL PROFESSION AND CULTIVATE PROFESSIONAL RELATIONSHIPS

MADISON COUNTY BAR ASSOCIATION

37-1104412

3/30/15

10 01AM

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

AWARDS	\$	622.
BANK CHARGES		1,625.
CLE- OTHER		1,898.
CONFERENCES, CONVENTIONS, AND MEETINGS		31,938.
INFORMATION TECHNOLOGY		3,916.
INSURANCE		2,239.
JURY COFFEE		1,291.
LUNCHEON		1,697.
OTHER		446.
PORTRAITS		1,500.
SUPPLIES		1,166.
TOTAL	\$	<u>48,338.</u>