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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 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

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A For the 2012 calendar year, or tax year beginning 07-01-2012, and ending 06-30-2013</b>		
<b>B</b> Check if applicable	<b>C</b> Name of organization WILL COUNTY BAR ASSOCIATION	<b>D</b> Employer identification number 36-2961134
<input type="checkbox"/> Address change	<b>E</b> Telephone number (815) 726-0383	
<input type="checkbox"/> Name change	<b>F</b> Group Exemption Number	
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

**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.willcountybar.org](http://www.willcountybar.org)

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

**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 ► \$ 111,241

### 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 . . . . .

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1
	2 Program service revenue including government fees and contracts . . . . .	2 11,222
	3 Membership dues and assessments . . . . .	3 77,617
	4 Investment income . . . . .	4 1,812
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less cost or other basis and sales expenses . . . . .	5b 0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
	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) . . . . .	6b 19,110
Expenses	c Less direct expenses from gaming and fundraising events . . . . .	6c 20,301
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d -1,191
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less cost of goods sold . . . . .	7b 0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8 1,480
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9 90,940
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 18,840
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 48,850
Net Assets	13 Professional fees and other payments to independent contractors . . . . .	13 4,513
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 18,676
	15 Printing, publications, postage, and shipping . . . . .	15 621
	16 Other expenses (describe in Schedule O) . . . . .	16 39,536
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17 131,036
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -40,096
	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) . . . . .	19 386,576
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21 346,480

**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	
22 Cash, savings, and investments . . . . .	386,586	22	346,497
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .		24	
<b>25 Total assets</b> . . . . .	386,586	25	346,497
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	10	26	17
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	386,576	27	346,480

**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?

TO ESTABLISH AND MAINTAIN THE HONOR AND DIGNITY OF THE PROFESSION OF THE PRIVATE PRACTICE OF LAW AND TO PROMOTE THE GENERAL WELFARE OF THE MEMBERS THEREOF, TO PROMOTE AND DEVELOP THE HIGHEST STANDARDS OF THE ADMINISTRATION OF COURT JUSTICE, TO CULTIVATE SOCIAL INTERCOURSE AMONG ITS MEMBERS, TO STUDY PUBLIC NEEDS FOR COURTREFORM, TO ESTABLISH AND PROMULGATE PREPAID LEGAL SERVICE PLANS AND TO ENGAGE IN ANY OTHER ACTIVITIES CONSISTENT WITH THE PROVISIONS OF THE CONTENT OF THE GENERAL NOT FOR PROFIT ACT OF THE STATE OF ILLINOIS

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 and section 4947(a)(1) trusts, optional for others )

**28 SCHOLARSHIP PROGRAM** PROVIDE SCHOLARSHIPS TO DESERVING STUDENTS CURRENTLY IN UNDERGRADUATE STUDIES THAT ARE PLANNING ON GOING TO LAW SCHOOL DURING THE YEAR TWO \$500 SCHOLARSHIP WAS GIVEN OUT

(Grants \$ ) If this amount includes foreign grants, check here . . . ►  **28a**

**29 WILL COUNTY LEGAL ASSISTANCE PROGRAM**- DISTRIBUTIONS OF LEGAL AID ASSESSMENTS THE PURPOSE OF THE CONTRIBUTION IS TO ASSIST LOCAL INDIGENT FAMILIES

(Grants \$ ) If this amount includes foreign grants, check here . . . ►  **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here . . . ►  **30a**

**31 Other program services** (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here . . . ►  **31a**

**32 Total program service expenses** (add lines 28a through 31a) . . . . . ► **32**

**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
See Additional Data Table				

**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

	Yes	No
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	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	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	No
b If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O	35b	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	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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	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	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	0
a Initiation fees and capital contributions included on line 9	39b	0
b 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 ►, section 4912 ►, section 4955 ►	40b	
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 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		
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	No
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► SHEILA RUSSUM Telephone no ► (815) 726-0383 Located at ► 167 N OTTAWA SUITE 200 JOLIET, IL ZIP + 4 ► 604324124		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ►	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here 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	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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	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	No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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	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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b>		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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**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 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
NONE				

**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
NONE		

**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.

<b>Sign Here</b>	***** Signature of officer FRANK S CSERVENYAK President Type or print name and title	2013-11-15 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name Preparer's signature David J Thornton	Date	Check <input type="checkbox"/> if self-employed	PTIN P00201701
	Firm's name ► CAREY & THORNTON INC	Firm's EIN ►		
	Firm's address ► 25445 S Pheasant Ln Unit O Channahon, IL 60410	Phone no (815) 467-7462		

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

## Additional Data

**Software ID:** 12000229  
**Software Version:** 2012v2.0  
**EIN:** 36-2961134  
**Name:** WILL COUNTY BAR ASSOCIATION

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
ERIN W O'SULLIVAN Director	0	0		
Christian G Spesia Director	0	0		
SEAN D BRADY Director	0	0		
HON DINAH L ARCHAMBEAULT Director	0	0		
THOMAS P POLACEK 2nd Vice Pres	0	0		
Donald W DeWilkins Director	0	0		
SCOTT PYLES 1st Vice Pres	0	0		
FRANK S CSERVENYAK President	0	0		
HON MICHAEL J POWERS Past President	0	0		
CORY D LUND Secretary-Treas	0	0		

## **Supplemental Information Regarding Fundraising or Gaming Activities**

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012

## Open to Public Inspection

**Employer identification number**

36-2961134

Name of the organization

## WILL COUNTY BAR ASSOCIATION

Name of the organization WILL COUNTY BAR ASSOCIATION	Employer identification number 36-2961134
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**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Internet and email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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)	(event type)	(total number)	
1	Gross receipts . . .	9,735			9,735
2	Less Contributions . . .				
3	Gross income (line 1 minus line 2) . . .	9,735			9,735
4	Cash prizes . . .				
5	Noncash prizes . . .				
6	Rent/facility costs . . .				
7	Food and beverages . . .				
8	Entertainment . . .				
9	Other direct expenses . . .	11,591			11,591
10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				(11,591)
11	Net income summary Combine line 3, column (d), and line 10 . . . . .				-1,856

**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))
1	Gross revenue . . . . .				
2	Cash prizes . . . . .				
3	Non-cash 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 lines 1 and 7 in column (d) . . . . .				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers?  Yes  No

**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?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>
<b>b</b> An outside facility	<b>13b</b>

**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?  Yes  No

**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?  Yes  No

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

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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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 to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2012****Open to Public  
Inspection**Name of the organization  
WILL COUNTY BAR ASSOCIATION**Employer identification number**

36-2961134

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	PAYROLL TAXES PAYABLE - Beginning \$10 PAYROLL TAXES PAYABLE - Ending \$17
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	OUTSIDE SERVICES \$60
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Dues & Subscriptions \$300
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	MISCELLANEOUS \$710
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	AWARDS & MEMORIALS \$1509
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	BOARD/COMMITTEE MEETING \$1731
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	UTILITIES \$1984
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	TELEPHONE \$2147
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	LUNCHEON MEETING COSTS \$3236
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	WEBSITE \$4380
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	REPAIRS & MAINTENANCE \$15805
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$4460
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$1053
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$2161
Form 990-EZ, Part I, Line 10 1	Grants and Similar Amounts Paid In Excess of \$5,000 1	Cash Amount Given \$18840
Form 990-EZ, Part I, Line 8 3	Other Revenue 3	Newsletter Advertising \$150
Form 990-EZ, Part I, Line 8 2	Other Revenue 2	Memorials \$500
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Web Sponsors \$830