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Part III	Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO OFFER PRO BONO LEGAL RESOURCES TO INDIVIDUALS IN BALTIMORE CITY WHO ARE OTHERWISE UNABLE TO PAY FOR THOSE RESOURCES AND TO PROVIDE OTHER LEGAL RELATED SERVICES IN THE COMMUNITY			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	ACCESS TO JUSTICE PROGRAM - TO COORDINATE REFERRALS TO LAWYERS PARTICIPATING IN A REDUCED FEE PROGRAM FOR CITIZENS WHO ARE UNABLE TO AFFORD LEGAL REPRESENTATION (Grants \$ 4,000) If this amount includes foreign grants, check here . . . ☐	28a	4,000
29	YOUNG LAWYERS' PUBLIC SERVICE AND HOLIDAY PARTY - TO PROVIDE AN ANNUAL PARTY FOR HOMELESS CHILDREN IN THE COMMUNITY (Grants \$ 5,443) If this amount includes foreign grants, check here . . . ☐	29a	5,443
30	VARIOUS PROGRAMS TO PROVIDE LEGAL ASSISTANCE FOR LOW-INCOME & ELDERLY (Grants \$ 59,625) If this amount includes foreign grants, check here . . . ☐	30a	59,625
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	69,068

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)		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	33	No		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	No		
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 your reason for not reporting the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36	Was there a liquidation, dissolution, termination, or substantial contraction 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 ▶ <table><tr><td>37a</td><td>0</td></tr></table>	37a	0		
37a	0				
b	Did the organization file Form 1120-POL for this year?	37b			
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 unpaid at the start of the period covered by this return?	38a	No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	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 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0				
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b	No		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0				
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	No		
41	List the states with which a copy of this return is filed ▶ MD				
42a	The books are in care of ▶ PATRICIA DEGUILMI Telephone no ▶ (410) 539-5936 111 NORTH CALVERT STREET Located at ▶ BALTIMORE, MD ZIP + 4 ▶ 21202				
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	No		
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	No		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <table><tr><td>43</td></tr></table> and enter the amount of tax-exempt interest received or accrued during the tax year ▶	43			
43					
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No		
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	No		

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	
49b	If "Yes," was the related organization(s) a section 527 organization?		No
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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
NONE				
Total number of other employees paid over \$100,000				

51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Please Sign Here	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.			
	***** Signature of officer		2010-03-25 Date	
Paid Preparer's Use Only	KATHERINE T SANZONE EXECUTIVE DIRECTOR Type or print name and title			
	Preparer's signature	SUSAN KELLER	Date	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ELLIN & TUCKER CHARTERED 100 S CHARLES ST SUITE 1300 BALTIMORE, MD 21201		EIN Phone no. (410) 727-5735
May the IRS discuss this return with the preparer shown above? See instructions.				

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization BALTIMORE BAR FOUNDATION INC	Employer identification number 23-7105896
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	☐	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	☐	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☐	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	☐	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	☐	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	☒	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						☐

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		☐

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	28,533	26,499	44,500	34,118	96,898	230,548
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5	28,533	26,499	44,500	34,118	96,898	230,548
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						230,548

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6	28,533	26,499	44,500	34,118	96,898	230,548
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,152	1,268	5,602	9,508	820	18,350
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b	1,152	1,268	5,602	9,508	820	18,350
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	33,315	45,513	40,149	26,801	27,587	173,365
13Total Support (Add lines 9, 10c, 11 and 12)						422,263
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Computation of Public Support Percentage			
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	54 600 %	
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	45 120 %	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	4 350 %
18	Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	3 730 %
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		☐
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		☐

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public
Inspection

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization
BALTIMORE BAR FOUNDATION INC

Employer identification number
23-7105896

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

b ☐ Email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☒ Special fundraising events

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 activities? ☐ 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. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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.

MD

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.

Revenue			(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	27,587			27,587
	2	Less Charitable contributions				
Direct Expenses	3	Gross revenue (line 1 minus line 2)	27,587			27,587
	4	Cash Prizes				
	5	Non-cash Prizes				
	6	Rent/Facility costs				
	7	Other direct expenses	18,432			18,432
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				18,432
	9	Net income summary Combine lines 3 and 8 in column (d). ▶				9,155

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.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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) ▶				

		Yes	No
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?	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	

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility 13a		
b An outside facility 13b		
14 Provide 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		
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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** BALTIMORE BAR FOUNDATION INC**EIN:** 23-7105896

Item No.	1
Class of Activity	LEGAL SERVICES
Donee's Name	COMMUNITY LAW CENTER
Donee's Address	3355 KESWICK ROAD SUIT 200 BALTIMORE, MD 21211
Amount (FMV)	2,475
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	LEGAL SERVICES
Donee's Name	CLREP LAW LINKS PROGRAM OF BALTIMORE CITY
Donee's Address	520 W FAYETTE STREET BALTIMORE, MD 21201
Amount (FMV)	3,650
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	CHARITABLE CONTRIBUTIONS
Donee's Name	HOUSE OF RUTH
Donee's Address	2201 ARGONNE DRIVE BALTIMORE, MD 21218
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	
Donee's Name	THE BAR ASSOCIATION OF BALTIMORE CITY
Donee's Address	111 NORTH CALVERT STREET BALTIMORE, MD 21202
Amount (FMV)	4,000
Purpose of Payment to Affiliate	ACCESS TO JUSTICE/REDUCED FEE PROGRAM
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	
Donee's Name	thE BAR ASSOCIATION OF BALTIMORE CITY
Donee's Address	111 NORTH CALVERT STREET bALTIMORE, MD 21202
Amount (FMV)	3,000
Purpose of Payment to Affiliate	TO FUND PODCASTING FOR CONTINUING LEGAL EDUCATION PROGRAM
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	
Donee's Name	the BAR ASSOCIATION OF BALTIMORE CITY
Donee's Address	111 NORTH CALVERT STREET BALTIMORE, MD 21202
Amount (FMV)	4,763
Purpose of Payment to Affiliate	YLD PUBLIC SERVICE
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	
Donee's Name	the BAR ASSOCIATION OF BALTIMORE CITY
Donee's Address	111 NORTH CALVERT STREET baLTIMORE, MD 21202
Amount (FMV)	680
Purpose of Payment to Affiliate	YLD PUBLIC SERVICE: YLD HOMELESS HOLIDAY PARTY
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	
Donee's Name	the BAR ASSOCIATION OF BALTIMORE CITY
Donee's Address	111 NORTH CALVERT STREET BALTIMORE, MD 21202
Amount (FMV)	50,000
Purpose of Payment to Affiliate	to provide free legal services to the elderly
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Assets Schedule

Name: BALTIMORE BAR FOUNDATION INC

EIN: 23-7105896

Description	Beginning of Year Amount	End of Year Amount
Receivables	25,154	34,926

TY 2008 Other Changes in Net Assets Schedule

Name: BALTIMORE BAR FOUNDATION INC

EIN: 23-7105896

Description	Amount
unrealized depreciation on investments	-2,332

TY 2008 Other Expenses Schedule**Name:** BALTIMORE BAR FOUNDATION INC**EIN:** 23-7105896

Description	Amount
Administrative Fee - BABC	7,500
Bank Fees	324
Dues & Subscriptions	150
Board Meeting & annual dinner Expenses	1,421
Miscellaneous	1,140
Bad Debt Expense	2,000

TY 2008 Other Liabilities Schedule

Name: BALTIMORE BAR FOUNDATION INC

EIN: 23-7105896

Description	Beginning of Year Amount	End of Year Amount
PAYABLES & ACCRUED EXPENSES	1,455	6,958
Deferred Revenue	0	5,250

Additional Data

Software ID:

Software Version:

EIN: 23-7105896

Name: BALTIMORE BAR FOUNDATION INC

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
KATHERINE T SANZONE 111 N CALVERT STREET SUITE 627 BALTIMORE, MD 21202	EXEC DIRECTOR 40 00	0	0	0
ADAM SEAN COHEN 23 E CENTRE STREET BALTIMORE, MD 21202	TREASURER 0 00	0	0	0
ANDREW RADDING 7 ST PAUL STREET SUITE 600 BALTIMORE, MD 21202	SECRETARY 0 00	0	0	0
C DREW FRITCH 201 N CHARLES STREET SUITE 2100 BALTIMORE, MD 21201	TRUSTEE 0 00	0	0	0
CHERYL K JACOBS 3801 CANTERBURY ROAD 606 BALTIMORE, MD 21218	TRUSTEE 0 00	0	0	0
CHRISTOPHER R WEST 25 S CHARLES ST SUITE 1400 BALTIMORE, MD 21201	TRUSTEE 0 00	0	0	0
DEBORAH L ROBINSON 217 E REDWOOD ST SUITE 1500 BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
GREGORY K KIRBY 7 ST PAUL STREET SUITE 1000 BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
HON JOAN BOSSMANN GORDON 5800 WABASH AVENUE BALTIMORE, MD 21215	TRUSTEE 0 00	0	0	0
HON JOSEPH HH KAPLAN 5909 WILMARY LANE BALTIMORE, MD 21210	TRUSTEE 0 00	0	0	0
HON LYNN K STEWART 111 NORTH CALVERT STREET ROOM 251 BALTIMORE, MD 21202	PRESIDENT 0 00	0	0	0
HON PAUL A DORF 7 ST PAUL STREET BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
HON ROBERT B KERSHAW 111 N CALVERT STREET BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
J ALLAN COHEN 23 E CENTRE STREET BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
JASON C HESSLER 417 E FAYETTE ST SUITE 202 BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
JEFFREY K GONYA 750 E PRATT ST SUITE 900 BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
JERALD B LURIE 7 ST PAUL ST SUITE 600 BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
KENNETH L THOMPSON 6225 SMITH AVENUE BALTIMORE, MD 21209	TRUSTEE 0 00	0	0	0
MARK F SCURTI 901 DULANEY VALLEY ROAD TOWSON, MD 21204	TRUSTEE 0 00	0	0	0
MARY ALICE SMOLAREK 100 N CHARLES ST 16TH FLOOR BALTIMORE, MD 21201	TRUSTEE 0 00	0	0	0
MEIGHAN GRIFFIN BURTON 100 N CHARLES ST 16TH FLOOR BALTIMORE, MD 21201	TRUSTEE 0 00	0	0	0
MICHAEL J BAXTER 120 E BALTIMORE ST SUITE 2100 BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
MICHAEL W REED 300 W PRESTON STREET BALTIMORE, MD 21201	TRUSTEE 0 00	0	0	0
MICHELE Z BLUMENFELD 100 S CHARLES ST BALTIMORE, MD 21201	TRUSTEE 0 00	0	0	0
NANCY W GREENE 10 LIGHT STREET BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
PAUL S SUGAR 120 E BALTIMORE STREET BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
ROBERT L FERGUSON JR 100 S CHARLES ST SUITE 401 BALTIMORE, MD 21201	TRUSTEE 0 00	0	0	0
ROSEANNE M MATRICCIANI 7 ST PAUL ST BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
SIDNEY G LEECH ONE SOUTH STREET 20TH FLOOR BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
SEARLE E MITNICK 233 E REDWOOD STREET BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
THEODORE B CORNBLATT 201 N CHARLES ST SUITE 1800 BALTIMORE, MD 21201	TRUSTEE 0 00	0	0	0
THOMAS C CARDARO 201 N CHARLES ST SUITE 2100 BALTIMORE, MD 21201	TRUSTEE 0 00	0	0	0
THOMAS A HAUSER 300 E LOMBARD ST 18TH FLOOR BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
THOMAS JS WAXTER III ONE SOUTH STREET 20TH FLOOR BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0
WILLIAM C SAMMONS 100 E PRATT ST 26TH FL BALTIMORE, MD 21202	TRUSTEE 0 00	0	0	0