



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



Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2008

**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 \$1,000,000 and total assets less than \$2,500,000 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.*

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2008 calendar year, or tax year beginning <b>12/1/2008</b> , and ending <b>11/30/2009</b>																		
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 10%; vertical-align: top; padding: 2px;">Please use IRS label or print or type or See Specific Instructions.</td> <td colspan="2"><b>C</b> Name of organization <b>BIRMINGHAM BAR ASSOCIATION</b></td> <td><b>D</b> Employer identification number <b>63-0441670</b></td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td><b>E</b> Telephone number <b>205-251-8006</b></td> </tr> <tr> <td colspan="2"><b>2021 SECOND AVENUE NORTH</b></td> <td><b>F</b> Group Exemption Number ▶</td> </tr> <tr> <td>City, town, or country</td> <td>State</td> <td>ZIP + 4</td> </tr> <tr> <td></td> <td><b>BIRMINGHAM</b></td> <td><b>AL</b></td> <td><b>35203</b></td> </tr> </table>	Please use IRS label or print or type or See Specific Instructions.	<b>C</b> Name of organization <b>BIRMINGHAM BAR ASSOCIATION</b>		<b>D</b> Employer identification number <b>63-0441670</b>	Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>205-251-8006</b>	<b>2021 SECOND AVENUE NORTH</b>		<b>F</b> Group Exemption Number ▶	City, town, or country	State	ZIP + 4		<b>BIRMINGHAM</b>	<b>AL</b>	<b>35203</b>
Please use IRS label or print or type or See Specific Instructions.	<b>C</b> Name of organization <b>BIRMINGHAM BAR ASSOCIATION</b>		<b>D</b> Employer identification number <b>63-0441670</b>															
	Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>205-251-8006</b>															
	<b>2021 SECOND AVENUE NORTH</b>		<b>F</b> Group Exemption Number ▶															
	City, town, or country	State	ZIP + 4															
	<b>BIRMINGHAM</b>	<b>AL</b>	<b>35203</b>															

• **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: ▶ <http://www.birminghambar.org/>

**J** Organization type (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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **757,440**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	0
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	167,067
	<b>3</b> Membership dues and assessments	<b>3</b>	558,085
	<b>4</b> Investment income	<b>4</b>	32,288
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	0
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<b>5c</b>	0
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1)	<b>6a</b>	0
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	0	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0	
<b>8</b> Other revenue (describe ▶)	<b>8</b>	0	
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	757,440	
Expenses	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	0
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	265,070
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	4,250
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	132,990
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	29,642
	<b>16</b> Other expenses (describe ▶ See attached statement)	<b>16</b>	219,832
	<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	651,784
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	105,656
	<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>	1,271,817
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	-15,024
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	1,362,449

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

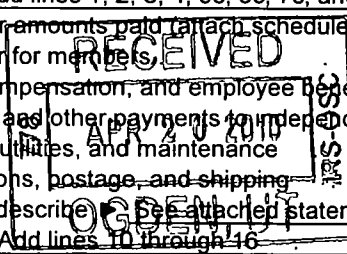
	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	1,141,090	1,232,650
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶ See attached statement)	144,440	145,146
<b>25</b> Total assets	1,285,530	1,377,796
<b>26</b> Total liabilities (describe ▶ ACCOUNTS PAYABLE AND ACCRUED EXPENSES)	13,713	15,347
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,271,817	1,362,449

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form **990-EZ** (2008)

(HTA)

SCANNED MAY 19 2010



19

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>PROVIDE EDUCATIONAL AND REFERRAL SERVICES</u>			
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	..... ..... ..... (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29	..... ..... ..... (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30	..... ..... ..... (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	<b>Total program service expenses.</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	<b>0</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> 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
Name GEORGE M NEAL JF Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title PRESIDENT Hr/WK 2.00	0	0	0
Name GREGORY H HAWLE Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title PRESIDENT ELECT Hr/WK 2.00	0	0	0
Name ROBIN L BURRELL Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title SEC/TREAS Hr/WK 2.00	0	0	0
Name LEE R BENTON Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title PAST PRESIDENT Hr/WK 2.00	0	0	0
Name BETH CARMICHAEL Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title EXEC DIRECTOR Hr/WK 40.00	142,701	5,000	1,200
Name ANNA-KATHERINE B Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title EXECUTIVE COMM Hr/WK 2.00	0	0	0
Name DAVID D DOWD Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title EXECUTIVE COMM Hr/WK 2.00	0	0	0
Name KHRISTI DOSS DRIV Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title EXECUTIVE COMM Hr/WK 2.00	0	0	0
Name ANNE LAMKIN DURV Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title EXECUTIVE COMM Hr/WK 2.00	0	0	0
Name CATHY JONES EAD Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title EXECUTIVE COMM Hr/WK 2.00	0	0	0
Name JOSEPH A FAWAL Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title EXECUTIVE COMM Hr/WK 2.00	0	0	0
Name ERIN E MAY Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title EXECUTIVE COMM Hr/WK 2.00	0	0	0
Name ROBERT G METHVIN Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title EXECUTIVE COMM Hr/WK 2.00	0	0	0
Name HARLAN I PRATER Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title EXECUTIVE COMM Hr/WK 2.00	0	0	0
Name ALFRED F SMITH JR Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title EXECUTIVE COMM Hr/WK 2.00	0	0	0
Name DEBORAH ALLEY SM Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title EXECUTIVE COMM Hr/WK 2.00	0	0	0
Name JAMES R STURDIVA Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title EXECUTIVE COMM Hr/WK 2.00	0	0	0
Name JASON D WOODWAI Str 2021 SECOND AVE City BIRMINGHAM ST AL ZIP 35203	Title BANKRUPTCY Hr/WK 2.00	0	0	0

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.		X
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.		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 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 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	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	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
38 a	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	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
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	
40 a	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 (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	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	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.		
42 a	The books are in care of Name BETH CARMICHAEL Telephone no. 205-251-8006 Located at 2021 2ND AVE NORTH City BIRMINGHAM ST AL ZIP + 4 35203		
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	N/A
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 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?  
b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the 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 "

	Yes	No
46		
47		
48		
49a		
49b		

(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
Name None City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

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 is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 ▶		0

**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: *Beth Carmichael* Date: *4-13-10*

Type or print name and title: *Beth Carmichael, Executive Director*

**Paid Preparer's Use Only**

Preparer's signature: *R. Dwight Crisson, CPA* Date: 4/11/2010 Check if self-employed:  Preparer's Identifying Number (See instructions): P00181611

Firm's name (or yours if self-employed), address, and ZIP +4: *R DWIGHT CRISSON, CPA 35205* EIN: 63-1215390 Phone no: 205-222-5479

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

**Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees**

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Name TYLER KOCH FORSYTH Str 2021 SECOND AVE NORTH City BIRMINGHAM ST AL ZIP 35203	Title CRIMINAL JUSTICE Hr/WK 2.00	0	0	0
Name VIRGINIA P MEIGS Str 2021 SECOND AVE NORTH City BIRMINGHAM ST AL ZIP 35203	Title SOLO PRACTICE Hr/WK 2.00	0	0	0
Name PAMELA J BLALOCK Str 2021 SECOND AVE NORTH City BIRMINGHAM ST AL ZIP 35203	Title WOMEM LAWYER S Hr/WK 2 00	0	0	0
Name LINDSEY O HILL Str 2021 SECOND AVE NORTH City BIRMINGHAM ST AL ZIP 35203	Title WORKERS COMP Hr/WK 2.00	0	0	0
Name ANDREW S NIX Str 2021 SECOND AVE NORTH City BIRMINGHAM ST AL ZIP 35203	Title YOUNG LAWYWERS Hr/WK 2.00	0	0	0
Name DERRICK MILLS Str 2021 SECOND AVE NORTH City BIRMINGHAM ST AL ZIP 35203	Title MAGIC CITY BAR Hr/WK 2 00	0	0	0
Name ROBERT E MOORER Str 2021 SECOND AVE NORTH City BIRMINGHAM ST AL ZIP 35203	Title COMM REP Hr/WK 2 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.      ▶ Attach to your tax return.

Name(s) shown on return <b>BIRMINGHAM BAR ASSOCIATION</b>	Business or activity to which this form relates <b>990EZ</b>	Identifying number <b>63-0441670</b>
--	---	---

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I*

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	<b>1</b>	250,000
2 Total cost of section 179 property placed in service (see instructions).	<b>2</b>	7,146
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	800,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	250,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>6</b>		

7 Listed property Enter the amount from line 29	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	0
9 Tentative deduction Enter the smaller of line 5 or line 8	<b>9</b>	0
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	<b>10</b>	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	0
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	<b>13</b>	0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
15 Property subject to section 168(f)(1) election	<b>15</b>	
16 Other depreciation (including ACRS)	<b>16</b>	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2008	<b>17</b>	1,824
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	<b>18</b>	

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19 a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

<b>20 a</b> Class life		See Stmt				434
<b>b</b> 12-year			12 yrs	FM	S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions)**

21 Listed property Enter amount from line 28	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	<b>22</b>	2,258
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

**Part I, Line 4 (990-EZ) - Investment Income**

1	Interest on savings and temporary cash investments	1	32,288
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	32,288

**Part I, Line 16 (990-EZ) - Other Expenses**

219,832

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	34,408
5	Depreciation, depletion, etc	5	2,258
6	Equipment rental and maintenance	6	7,519
7	Interest	7	
8	Supplies	8	4,728
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	SECTION EXPENSES	11	70,194
12	INSURANCE	12	4,638
13	DUES AND BANK CHARGES	13	2,121
14	MEMBERS SPECIAL ACTIVITIES	14	37,829
15	SPECIAL PROGRAMS	15	12,755
16	CONTINUING LEGAL EDUCATION	16	21,828
17	MISC	17	3,867
18	GIFTS, FLOWERS AND MEMORIALS	18	2,605
19	COMMITTEE EXPENSE	19	2,325
20	LAWYER REFERRAL SERVICE	20	6,410
21	ADVERTISING	21	6,347
22		22	
23		23	
24		24	
25		25	
26		26	

**Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances**

-15,024

Description		Amount
1	CASH AND INCOME FROM DUES WERE OVERSTATED ON PRIOR YEAR 990 AS FILED	1 -15,024
2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10
11		11
12		12
13		13
14		14
15		15
16		16
17		17
18		18
19		19
20		20

**Part II, Line 24 (990-EZ) - Other Assets**

144,440

145,146

	Description	Beginning	End
1	RECEIVABLES	135,510	131,230
2	PREPAID EXPENSES	3,214	3,313
3	EQUIPMENT-NET	5,716	10,603
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

**Part II, Line 26 (990-EZ) - Liabilities**

13,713

15,347

	Description	Beginning	End
1	ACCOUNTS PAYABLE AND ACCRUED EXPENSES	13,713	15,347
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Form 4562 Statement - 990EZ**

11/30/2009

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179 Bonus	2008 Deprec	2008 Accum Deprec
<b>Depreciation Detail</b>															
<b>MACRS deductions for prior years (Line 17)</b>															
5	2 SHERRILL SOFA'S	3/31/2004	F-11	100 00%	4,994	0	0	0	4,994	7	SL	HY	3,329	713	4,042
6	2 END TABLES	3/31/2004	F-11	100 00%	880	0	0	0	880	7	SL	HY	586	126	712
7	COCKTAIL TABLE	3/31/2004	F-10	100 00%	1,845	0	0	0	1,845	7	SL/GDS	HY	1,291	264	1,555
8	ACCESSORIES	5/31/2004	F-11	100 00%	1,422	0	0	0	1,422	7	SL	HY	914	203	1,117
9	HP COMPUTER AND	9/30/2004	F-11	100 00%	1,447	0	0	0	1,447	7	SL	HY	862	207	1,069
10	PAPER FOLDER	11/15/2006	F-11	100 00%	2,175	0	0	0	2,175	7	SL	HY	66	311	377
					12,763	0	0	0	12,763				7,048	1,824	8,872
<b>Total MACRS deductions for prior years (Line 17)</b>															
<b>ADS class life (Line 20a)</b>															
11	ICEMAKER	3/10/2009	F-10	100 00%	2,811	0	0	0	2,811	7	SL	FM	0	301	301
13	ICEMAKER	7/13/2009	F-10	100 00%	2,798	0	0	0	2,798	7	SL	MM	0	133	133
					5,609	0	0	0	5,609				0	434	434
<b>Total ADS class life (Line 20a)</b>															
					18,372	0	0	0	18,372				7,048	2,258	9,306
<b>Subtotal</b>															
					18,372	0	0	0	18,372				7,048	2,258	9,306