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Form 990 Department of the Treasury Internal Revenue Service	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) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2009
		Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009					
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 MASSACHUSETTS BAR FOUNDATION INC		D Employer identification number 04-6130261	
		Doing Business As		E Telephone number (617) 338-0521	
		Number and street (or P O box if mail is not delivered to street address) Room/suite 20 WEST STREET		G Gross receipts \$ 4,938,087	
		City or town, state or country, and ZIP + 4 BOSTON, MA 021111204			
		F Name and address of principal officer JOSEPH PJ VRABEL 20 WEST STREET BOSTON,MA 021111204		H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c) (3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)		H(c) Group exemption number	
J Website: WWW.MASSBARFOUNDATION.ORG					
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other				L Year of formation 1964	M State of legal domicile MA

Part I		Summary	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE MASSACHUSETTS BAR FOUNDATION WAS ORGANIZED TO COLLECT AND DISTRIBUTE FUNDS TO PROGRAMS THROUGHOUT MASSACHUSETTS THAT ENHANCE THE DELIVERY OF CIVIL LEGAL SERVICES, ADVANCE LAW-RELATED AND JUDICIAL EDUCATION, PUBLISH LITERARY WORKS ON LAW, PROVIDE FINANCIAL ASSISTANCE TO LAW STUDENTS IN NEED, AND IMPROVE THE ADMINISTRATION OF JUSTICE AND THE PUBLIC AWARENESS OF THE LAW	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 20
	5	Total number of employees (Part V, line 2a)	5 4
	6	Total number of volunteers (estimate if necessary)	6 0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,377,612 Current Year 2,332,944
	9	Program service revenue (Part VIII, line 2g)	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	362,686 258,863
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,740,298 2,591,807
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	245,507 214,404
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0
b		Total fundraising expenses (Part IX, column (D), line 25) ☐ 0	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	126,463 111,108
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,737,418 5,513,126
19		Revenue less expenses Subtract line 18 from line 12	-1,997,120 -2,921,319
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	15,243,570 11,957,651
	21	Total liabilities (Part X, line 26)	3,420,972 3,043,411
	22	Net assets or fund balances Subtract line 21 from line 20	11,822,598 8,914,240

Part II	Signature Block			
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		Date	
	JOSEPH PJ VRABEL president Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	DAVID A DIJULIS	Date	2010-08-20
	Firm's name (or yours if self-employed), address, and ZIP + 4	O'CONNOR & DREW PC 25 BRAINTREE HILL OFC PK SUITE 102 BRAINTREE, MA 02184		Preparer's identifying number (see instructions)
	EIN		Phone no (617) 471-1120	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

THE MASSACHUSETTS BAR FOUNDATION WAS ORGANIZED TO COLLECT AND DISTRIBUTE FUNDS TO PROGRAMS THROUGHOUT MASSACHUSETTS THAT ENHANCE THE DELIVERY OF CIVIL LEGAL SERVICES, ADVANCE LAW-RELATED AND JUDICIAL EDUCATION, PUBLISH LITERARY WORKS ON LAW, PROVIDE FINANCIAL ASSISTANCE TO LAW STUDENTS IN NEED, AND IMPROVE THE ADMINISTRATION OF JUSTICE AND THE PUBLIC AWARENESS OF THE LAW

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 5,018,095 including grants of \$) (Revenue \$)

IOLTA GRANTS

4b

(Code) (Expenses \$ 95,965 including grants of \$) (Revenue \$)

FELLOWS GRANTS

4c

(Code) (Expenses \$ 65,794 including grants of \$) (Revenue \$)

IMMIGRATION PROJECTS GRANT - TO PROVIDE FUNDING TO ORGANIZATIONS THAT PROTECT, DEFEND AND ADVANCE THE RIGHTS AND REMEDIES OF NON-CITIZENS

4d

Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 7,760 including grants of \$) (Revenue \$)

4e

Total program service expenses

\$ 5,187,614

Form 990 (2009)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	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	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		1a	0	
	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1b	0	
	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		2a	4	
	2a	4			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	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)?		4a		No
b 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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		No
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?		9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		No
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12		10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders		11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body . . .		
1b	Enter the number of voting members that are independent . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☐ Another's website ☐ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Mark doherty - assistant treasurer 20 WEST STREET BOSTON,MA 021111218 (617) 338-0521

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

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1b	Total	164,291	0	0
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b	202,049			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,130,895			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		2,332,944			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		268,322		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			-9,459		-9,459
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses					
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances					
b		Less cost of goods sold					
c		Net income or (loss) from sales of inventory . . .					
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			2,591,807	0	0	258,863

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,187,614	5,187,614		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	105,000		105,000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	61,782		61,782	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,140		18,140	
9	Other employee benefits	16,012		16,012	
10	Payroll taxes	13,470		13,470	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	9,500		9,500	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,106		1,106	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	5,831		5,831	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,659		20,659	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	658		658	
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	ADMINISTRATIVE FEES	48,000		48,000	
b	PRINTING & PUBLICATION	6,198		6,198	
c	POSTAGE AND SHIPPING	5,456		5,456	
d	INSURANCE EXPENSE	3,348		3,348	
e	TEMPORARY HELP	3,035		3,035	
f	All other expenses	7,317		7,317	
25	Total functional expenses. Add lines 1 through 24f	5,513,126	5,187,614	325,512	0
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			271,141	1	383,794
	2	Savings and temporary cash investments			2,668,456	2	516,836
	3	Pledges and grants receivable, net			128,677	3	145,910
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			289,841	7	265,998
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			930	9	18,746
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	18,028			
	b	Less accumulated depreciation	10b	16,765	1,921	10c	1,263
	11	Investments—publicly traded securities			11,780,733	11	10,556,324
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			101,871	15	68,780
	16	Total assets. Add lines 1 through 15 (must equal line 34)			15,243,570	16	11,957,651
Liabilities	17	Accounts payable and accrued expenses			57,945	17	104,661
	18	Grants payable			3,363,027	18	2,938,750
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,420,972	26	3,043,411
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,962,142	27	1,932,657
	28	Temporarily restricted net assets			9,860,456	28	6,981,583
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			11,822,598	33	8,914,240
	34	Total liabilities and net assets/fund balances			15,243,570	34	11,957,651

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
MASSACHUSETTS BAR FOUNDATION INC

Employer identification number
04-6130261

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **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).**
- 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).**
- 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 supported organization(s)

	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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. 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% support test—2008. 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—2009. 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—2008. 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,379,570	4,479,148	8,226,888	4,377,612	2,332,944	23,796,162
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	4,379,570	4,479,148	8,226,888	4,377,612	2,332,944	23,796,162
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	7,629	4,510	1,400	3,750	6,450	23,739
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	7,629	4,510	1,400	3,750	6,450	23,739
8 Public Support (Subtract line 7c from line 6)						23,772,423

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	4,379,570	4,479,148	8,226,888	4,377,612	2,332,944	23,796,162
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	260,502	344,248	682,541	427,258	268,976	1,983,525
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	260,502	344,248	682,541	427,258	268,976	1,983,525
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)	4,640,072	4,823,396	8,909,429	4,804,870	2,601,920	25,779,687
14 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	☐					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	92.210 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	92.730 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	7.690 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	7.190 %
19a 33 1/3% support tests—2009. 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% support tests—2008. 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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
MASSACHUSETTS BAR FOUNDATION INC

Employer identification number
04-6130261

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►_____

4

Number of states where property subject to conservation easement is located ►_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	11,780,733	10,669,003			
b Contributions	1,128,635	824,220			
c Investment earnings or losses	-2,293,471	343,539			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	59,573	56,029			
g End of year balance	10,556,324	11,780,733			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

%

b

Permanent endowment ▶

%

c

Term endowment ▶

%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		18,028	16,765	1,263
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,263

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,591,807
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,513,126
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,921,319
4	Net unrealized gains (losses) on investments	4	12,961
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	12,961
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,908,358

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,648,526
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	12,961
b	Donated services and use of facilities	2b	43,758
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	56,719
3	Subtract line 2e from line 1	3	2,591,807
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,591,807

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,556,884
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	43,758
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	43,758
3	Subtract line 2e from line 1	3	5,513,126
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,513,126

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
MASSACHUSETTS BAR FOUNDATION INC

Employer identification number
04-6130261

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Software ID:
Software Version:
EIN: 04-6130261
Name: MASSACHUSETTS BAR FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocates Inc	23-7451423	501(c)(3)	20,000		Book	N/A	Advocacy, Benefits & Legal Services Program
AIDS Action Committee of Massachusetts Inc	22-2707246	501(c)(3)	20,000		Book	N/A	Legal Services Department
Alternatives for Community & Environment	04-3228509	501(c)(3)	15,000		Book	N/A	Legal Services Program
Aid to Incarcerated Mothers	04-2708648	501(c)(3)	12,500		Book	N/A	Legal Advocacy Project
ASIAN TASK FORCE AGAINST DOMESTIC VIOLENCE	04-3103354	501(c)(3)	15,000		Book	N/A	LEGAL ADVOCACY SERVICES PROGRAM
Bar Association of Norfolk County	04-6170166	501(c)(6)	22,510		Book	N/A	Evening Legal Clinics
Barnstable County Bar Association	04-2653880	501(c)(6)	18,600		Book	N/A	Lawyer of the Day Program
BARNstable County Bar Association	04-2653880	501(C)(6)	15,000		Book	N/A	BARNSTABLE COUNTY PRO BONO CONCILATION PROJECT
BAY COVE HUMAN SERVICES	04-2518575	501(c)(3)	10,000		Book	N/A	LEGAL CASE MANAGEMENT PROGRAM
Berkshire Community Action Council Inc	04-2422074	501(c)(3)	27,500		Book	N/A	Berkshire Immigrant Center

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Berkshire County Consumer Advocates Inc	51-0167621	501(c)(3)	30,000		Book	N/A	Consumer Redress and Education Program
Berkshire County Regional Housing Authority	04-2859886	501(c)(3)	36,000		Book	N/A	Housing Services and Mediation Program
BERKSHIRE MEDIATION Services Inc	04-3057430	501(c)(3)	10,000		Book	N/A	COMMUNITY MEDIATION COURT PROGRAM
Boston Medical Center	04-3314093	501(c)(3)	22,500		Book	N/A	MLPC Community Health Ctr Legal Clinic Project
BRISTOL COUNTY BAR ASSOCIATION	04-2944253	501(C)(6)	15,000		Book	N/A	BCBA PRO BONO CONCILATION PROJECT
Brookline Community Mental Health Center	04-2263744	501(c)(3)	55,000		Book	N/A	Metropolitan Mediation Services
Cape Cod Dispute Resolution Center Inc	04-3071311	501(c)(3)	29,900		Book	N/A	Orleans/Falmouth/Nantucket District Court Mediation Program
CASA Project Inc	04-2711865	501(c)(3)	38,000		Book	N/A	CHINS Child Protection Project
Casa Myrna Vazquez Inc	04-2625710	501(c)(3)	50,000		Book	N/A	Legal Advocacy Program
Catholic Charitable Bureau of the Archdiocese Of Boston Inc	04-2534041	501(c)(3)	35,000		Book	N/A	Immigration Legal Services Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charitable Bureau of the Archdiocese Inc	04-2534041	501(c)(3)	27,500		Book	N/A	Immigration Clinic
Catholic Social Services of Fall River Inc	04-2106394	501(c)(3)	70,000		Book	N/A	Immigration Law Education Advocacy Project (ILEAP)
Catholic Social Services of Fall River Inc	04-2106394	501(c)(3)	75,000		Book	N/A	Immigrant Victims Representation Project
Center for Human Development	04-2503926	501(c)(3)	25,000		Book	N/A	HIV/AIDS Law Consortium of Western MA
Center for Public Representation	04-2760470	501(c)(3)	20,000		Book	N/A	ROSIE D IMPLEMENTATION PROJECT
Center for Public Representation	04-2760470	501(c)(3)	17,500		Book	N/A	Brain Injury Community Integration Project
CENTRo Presente Inc	04-2754284	501(c)(3)	35,000		Book	N/A	LEGAL IMMIGRATION SERVICES PROGRAM
Children's Law Center of Massachusetts Inc	04-2622153	501(c)(3)	75,708		Book	N/A	Child & Adolescent Legal Services
Children's Law Center of Massachusetts Inc	04-2622153	501(c)(3)	30,000		Book	N/A	EdLaw Project
Children's Law Center of Massachusetts Inc	04-2622153	501(c)(3)	30,000		Book	N/A	Pro Bono Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMunity Action	04-2384972	501(c)(3)	31,000		Book	N/A	DIVORCE AND FAMILY MEDIATION PROGRAM
Community Dispute Settlement Center	04-3030799	501(c)(3)	42,500		Book	N/A	Divorce/Paternity and District Court Mediation Program
COMMUNITY LEGal Services and Counseling Center	04-2470335	501(c)(3)	45,000		Book	N/A	DOMESTIC VIOLENCE AND CHILD SUPPORT PROJECT
COMMUNITY LEGal Services and Counseling Center	04-2470335	501(c)(3)	15,625		Book	N/A	HOMELESSNESS PREVENTION PROJECT
COMMUNITY LEGal Services and Counseling Center	04-2470335	501(c)(3)	80,000		Book	N/A	IMMIGRATION LAW PROJECT
Community Service Network Inc	22-2621963	501(c)(3)	16,000		Book	N/A	CSN HEART Project
Disability Law Center Inc	04-2741869	501(c)(3)	12,500		Book	N/A	SPECIAL EDUCATION OUTREACH PROJECT
Dismas House of Central Massachusetts	54-2075825	501(c)(3)	18,500		Book	N/A	Resident Attorney Advocate Program
Dispute Resolution Services Inc	04-2989822	501(c)(3)	25,000		Book	N/A	Attorney Mediation Training & SERVICES PROGRAM
DOVE Inc	04-2667808	501(c)(3)	27,500		Book	N/A	Legal Advocacy Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST Boston Ecumenical Community Council	04-2774242	501(c)(3)	24,400		Book	N/A	COMMUNITY LEGAL ASSISTANCE PROGRAM
Ecumenical Social Action Committee Inc	04-2455301	501(c)(3)	40,000		Book	N/A	Sustainable Homeownership Center
Employment Options Inc	23-7089596	501(c)(3)	45,000		Book	N/A	Clubhouse Family Legal Support Project
Essex County Bar Association	04-2636299	501(c)(3)	11,000		Book	N/A	Children's Law Project
ESSEX County Bar Association	04-2636299	501(c)(3)	42,000		Book	N/A	PRO BONO CONCILATION PROGRAM
ESSEX County Bar Association	04-2636299	501(c)(3)	27,000		Book	N/A	PROBATE & FAMILY COURT LAWYER FOR THE DAY PROGRAM
Fair Housing Center of Greater Boston	04-3425772	501(c)(3)	20,000		Book	N/A	Fair Housing Enforcement Program
Family Service Association of Greater Fall River	04-2104058	501(c)(3)	50,000		Book	N/A	Guardianship Services Program
Fair Employment Project Inc	26-0370612	501(c)(3)	30,000		Book	N/A	Fair Employment Project
Framingham Court Mediation Services Inc	04-2710084	501(c)(3)	35,000		Book	N/A	Framingham Court Mediation Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINEX HOUSE	22-2479325	501(c)(3)	12,000		Book	N/A	LEGAL ADVOCACY PROJECT
Franklin County Bar Advocates Inc	04-2691327	501(c)(3)	7,000		Book	N/A	Bar Advocates for Children
Franklin County Bar Advocates Inc	04-2691327	501(c)(3)	15,000		Book	N/A	Bar Advocates for Elders
Franklin County Bar Advocates Inc	04-2691327	501(c)(3)	22,500		Book	N/A	Bar Advocates for Women
Friendly House Inc	04-2104239	501(c)(3)	22,500		Book	N/A	Immigration Aid Initiative
Gay Men's Domestic Violence Project	04-3295230	501(c)(3)	15,000		Book	N/A	GLBT Domestic Violence Attorney Program
Gerontology Institute University of Massachusetts-Boston	04-3167352	501(c)(3)	10,000		Book	N/A	New England Pension Assistance Project
GLAD	04-3111017	501(c)(3)	30,000		Book	N/A	AIDS Law Project
Greater Boston Legal Services	04-2103907	501(c)(3)	35,000		Book	N/A	Affordable Housing Preservation & Forclosures Prevention Project
Greater Boston Legal Services	04-2103907	501(c)(3)	45,000		Book	N/A	Family Work and Welfare Project

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Boston Legal Services	04-2103907	501(c)(3)	38,000		Book	N/A	Low-Income Taxpayer Assistance Project (LITAP)
Greater Boston Legal Services	04-2103907	501(c)(3)	50,000		Book	N/A	Pro Bono Employment Project
Greater Boston Legal Services	04-2103907	501(c)(3)	80,000		Book	N/A	Refugees and Immigrants Protection Project
Greater Lowell Bar Association	04-3099386	501(c)(3)	21,000		Book	N/A	Lowell Superior Court Conciliation and Early Intervention Program
Hampden County Bar Association	51-0139332	501(c)(6)	75,000		Book	N/A	Children's Law Project
Hampden County Bar Association	51-0139332	501(c)(6)	10,000		Book	N/A	Juvenile Mediation & Advocacy Program
Hampshire County Bar Association	22-3131516	501(c)(6)	13,500		Book	N/A	Domestic Relations Program for Children
Hampshire County Bar Association	22-3131516	501(c)(6)	25,000		Book	N/A	Hampshire Elder Law Program(HELP)
Health Law Advocates Inc	04-3298116	501(c)(3)	10,000		Book	N/A	Children's Mental Health Advocacy Project- Suffolk Juvenile Court
Homeowner Options for MA Elders	04-2931627	501(c)(3)	40,000		Book	N/A	Senior Homeowner Displacement Prevention Project

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Housing Discrimination Project	22-3043308	501(c)(3)	20,000		Book	N/A	Fair Housing Legal Coordination Program
Housing Discrimination Project	22-3043308	501(c)(3)	35,000		Book	N/A	Foreclosure Relief Project
Independence House Inc	04-2716665	501(c)(3)	15,000		Book	N/A	Brazilian Portuguese SAFEPLAN Advocate
International Institute of Boston	04-2104325	501(c)(3)	40,000		Book	N/A	Asylum Representation Project
International Institute of Boston	04-2104325	501(c)(3)	30,000		Book	N/A	Immigration Clinic
International Institute of Lowell	04-2104330	501(c)(3)	10,000		Book	N/A	Legal Services for Immigrants and Refugees
Irish Immigration Center	04-3063382	501(c)(3)	40,000		Book	N/A	Immigrant Services and Citizenship Program
Jeanne Geiger Crisis Center	22-2474823	501(c)(3)	30,000		Book	N/A	Domestic Violence Family Law Program
Jewish Family Service of Western Massachusetts Inc	04-2104352	501(c)(3)	20,000		Book	N/A	Legal Services for Elders
Jewish Family Service of Worcester Inc	04-2104350	501(c)(3)	20,000		Book	N/A	Elder Guardianship Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JRI Health Law Institute	04-2526357	501(c)(3)	40,000		Book	N/A	Serving the Underserved Closer to Home
Just A Start	23-7121174	501(c)(3)	15,000		Book	N/A	Mediation for Results
Lawyers Clearinghouse on Affordable Housing & Homelessness Inc	04-3501039	501(c)(3)	21,000		Book	N/A	Community Legal Referral Program
LAWYERS COMMITTEE FOR CIVIL RIGHTS BOSTON BAR ASSOCIATION	04-3490614	501(c)(3)	12,500		Book	N/A	HEALTH DISPARITIES PROJECT
Legal Advocacy and Resource Center Inc	04-3443101	501(c)(3)	45,000		Book	N/A	Legal Hotline
Legal Assistance Corporation of Central Massachusetts	04-2446242	501(c)(3)	45,000		Book	N/A	Family Advocates of Central MA
Legal Assistance Corporation of Central Massachusetts	04-2446242	501(c)(3)	60,000		Book	N/A	Hon Harry T Zarrow Homeless Advocacy Project
Legal Assistance Corporation of Central Massachusetts	04-2446242	501(c)(3)	58,000		Book	N/A	Pro Se Litigants and Family Court
LEGAL ASSistance Corporation of Central Massachusetts	04-2446242	501(c)(3)	20,000		Book	N/A	NORTHERN WORCESTER COUNTY IMMIGRANT PROJECT
LEGAL ASSistance Corporation of Central Massachusetts	04-2446242	501(c)(3)	25,000		Book	N/A	WORCESTER FORECLOSURE DEFENSE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Legal Assistance Corporation of Central Massachusetts	04-2446242	501(c)(3)	40,000		Book	N/A	Worcester Fair Housing Project
LUTHERAN SOCIAL SERVICES	04-2775393	501(c)(3)	40,000		Book	N/A	SERVICES FOR NEW AMERICAN PROGRAM
Martha's Vineyard Community Services Inc	04-2301598	501(c)(3)	15,000		Book	N/A	CONNECT TO END VIOLENCE
Massachusetts Advocates for Children	04-2488456	501(c)(3)	40,000		Book	N/A	Children's Law and Education Justice Project
Massachusetts Bar Institute	04-3293798	501(c)(3)	40,000		Book	N/A	Veteran's Pro bono Initiative
Massachusetts Correctional Legal Services Inc	04-2523362	501(c)(3)	45,000		Book	N/A	Chronic & Infectious Disease Project
Massachusetts Correctional Legal Services Inc	04-2523362	501(c)(3)	35,000		Book	N/A	Prison Brutality and HUMAN RIGHTS Project
Massachusetts Immigrant and Refugee Advocacy (MIRA) Coalition	22-3115048	501(c)(3)	13,000		Book	N/A	Immigration Law Training & Technical Assistance Project
Massachussetts Justice Project	04-3323539	501(c)(3)	15,000		Book	N/A	Holyoke Medical Legal Partnership
Massachusetts Justice Project Inc	04-3323539	501(c)(3)	55,300		Book	N/A	Volunteers for Justice

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Massachusetts Justice Project Inc	04-3323539	501(c)(3)	44,500		Book	N/A	Volunteer Lawyers Service-Worcester
Massachusetts Law Reform Institute	04-6004303	501(c)(3)	25,000		Book	N/A	Housing Preservation Project
Massachusetts Law Reform Institute	04-6004303	501(c)(3)	46,000		Book	N/A	Immigrants Protection Project
Mediation Services of North Central MA Inc	22-2881830	501(c)(3)	40,000		Book	N/A	Court and Community Mediation Program
Mediation Works Incorporated	04-3250315	501(c)(3)	20,000		Book	N/A	MWI Eviction Mediation Program
Merrimack Valley Legal Services Inc	23-7381007	501(c)(3)	20,000		Book	N/A	MVLS Cambodian Outreach Project
Merrimack Valley Legal Services Inc	23-7381007	501(c)(3)	40,000		Book	N/A	Consumer Law Project
Merrimack Valley Legal Services Inc	23-7381007	501(c)(3)	35,000		Book	N/A	Domestic Violence Advocacy Project
METRoWest Legal Services	04-3177488	501(c)(3)	50,350		Book	N/A	CHILDREN'S EDUCATION ADVOCACY PROGRAM
METRoWest Legal Services	04-3177488	501(c)(3)	67,320		Book	N/A	DOMESTIC VIOLENCE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRoWest Legal Services	04-3177488	501(c)(3)	30,960		Book	N/A	EVICTION DEFENSE PROJECT
METRoWest Legal Services	04-3177488	501(c)(3)	20,000		Book	N/A	HOMELESS ADVOCACY PROJECT
Middlesex County Bar Association	22-2005076	501(c)(6)	25,000		Book	N/A	MCBA Pro Bono Conciliation Program
Middlesex County Bar Association	22-2005076	501(c)(6)	1,500		Book	N/A	MIDDLESEX PROBATE AND FAMILY COURT FAMILY LAW INFORMATION CENTER
National Consumer Law Center	04-2488502	501(c)(3)	15,000		Book	N/A	Debt Collection Justice Project
National Lawyers Guild Mass Chapter	04-3453456	501(c)(3)	18,000		Book	N/A	Street Law Clinic Project
Neighborhood Legal Services Inc	04-2430192	501(c)(3)	12,000		Book	N/A	Consumer Debt Response System
Neighborhood Legal Services Inc	04-2430192	501(c)(3)	38,000		Book	N/A	Eviction Legal Services & Elder Home Preservation Project
Neighborhood Legal Services Inc	04-2430192	501(c)(3)	56,690		Book	N/A	Family Law Support Project
Neighborhood Legal Services Inc	04-2430192	501(c)(3)	36,000		Book	N/A	IMMIGRANT RIGHTS PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Center for Legal Advocacy Inc	04-3330208	501(c)(3)	45,000		Book	N/A	Project PADRE
New Center for Legal Advocacy Inc	04-3330208	501(c)(3)	50,000		Book	N/A	PRO BONO PROJECT
North Shore Community Action Programs Inc	04-2385280	501(c)(3)	35,000		Book	N/A	Homelessness Prevention Law Project
North Shore Community Mediation Program	22-3293939	501(c)(3)	12,000		Book	N/A	Court Mediation Program
North Shore Community Mediation Inc	22-3293939	501(c)(3)	8,000		Book	N/A	Divorce & Family Court Mediation Project
Pilgrim Advocates Inc	04-2794733	501(c)(3)	9,300		Book	N/A	Probate Court Project
Pilgrim Advocates Inc	04-2794733	501(c)(3)	4,480		Book	N/A	HOUSING COURT PROJECT
Political AsylumImmigration Representation Project	22-3003501	501(c)(3)	30,000		Book	N/A	Detention Center Initiative
Political AsylumImmigration Representation Project	22-3003501	501(c)(3)	9,206		Book	N/A	Pro Bono Asylum Program
Political AsylumImmigration Representation Project	22-3003501	501(c)(3)	25,000		Book	N/A	AILA PAIR Immigration Court Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Quabbin Mediation	04-3429086	501(c)(3)	25,000		Book	N/A	Central Region Court Mediation Program
Rosie's Place Inc	04-2582187	501(c)(3)	17,500		Book	N/A	Advocacy-Legal Services Specialist
Safe Passage	01-0532835	501(c)(3)	25,000		Book	N/A	Legal Referral Panel
Shelter Legal Services Foundation Inc	04-3212264	501(c)(3)	55,000		Book	N/A	Veterans Legal Services, Shelter Legal Services, Project Outreach/CLASP
Somerville Community Corporation	23-7293380	501(c)(3)	22,500		Book	N/A	Somerville Mediation Court/Community Project
South Coastal Counties Legal Services Inc	04-2607691	501(c)(3)	40,000		Book	N/A	Elder Law Project
South Coastal Counties Legal Services Inc	04-2607691	501(c)(3)	56,000		Book	N/A	HOMELESSNESS Preservation Project
South Coastal Counties Legal Services Inc	04-2607691	501(c)(3)	40,000		Book	N/A	Education Advocacy Project
South Coastal Counties Legal Services Inc	04-2607691	501(c)(3)	98,000		Book	N/A	Immigration Law Project
South Coastal Counties Legal Services Inc	04-2607691	501(c)(3)	50,000		Book	N/A	Mass Legal Assistance for Self-Sufficiency Project

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tri-City Community Action Program	04-2658101	501(c)(3)	50,000		Book	N/A	Pro Bono Legal Project
Victim Rights Law Center	02-0588944	501(c)(3)	25,000		Book	N/A	Rape Survivors Law Project
Volunteer Lawyers for the Arts	04-3065326	501(c)(3)	11,000		Book	N/A	VLA Legal Referral Program
WE CAN	31-1777179	501(c)(3)	7,500		Book	N/A	WE CAN Pro Bono Legal Clinics
Western Massachusetts Legal Services Inc	04-2506744	501(c)(3)	55,000		Book	N/A	Family Law Advocacy Project-Berkshire County
Western Massachusetts Legal Services Inc	04-2506744	501(c)(3)	33,000		Book	N/A	Hampshire/Franklin Family Law Advocacy Project
Western Massachusetts Legal Services Inc	04-2506744	501(c)(3)	58,427		Book	N/A	Housing Court Intervention Project-Hampden County
Western Massachusetts Legal Services Inc	04-2506744	501(c)(3)	56,870		Book	N/A	Housing Court Intervention Project-Hampshire/Franklin Counties
Western Massachusetts Legal Services Inc	04-2506744	501(c)(3)	26,000		Book	N/A	North End Outreach Project
Women's Bar Foundation of MA Inc	04-3228055	501(c)(3)	52,000		Book	N/A	Family Law Project for Battered Women

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Women's Center	04-2557022	501(c)(3)	30,000		Book	N/A	Legal Advocacy Project
Women's Lunch Place	22-2514148	501(c)(3)	8,500		Book	N/A	Advocacy and Legal Assistance Program
Worcester Community Action Council Inc	04-2382160	501(c)(3)	32,500		Book	N/A	CMC Small Claims Mediation-Worcester District Court
Worcester County Bar Association	04-3009711	501(c)(6)	5,760		Book	N/A	Reduced Fee Program
YWCA of Central Massachusetts	04-2105873	501(c)(3)	45,800		Book	N/A	DAYBREAK AND BWR COURT Advocacy Program
YWCA Of Western Massachusetts	04-2103858	501(c)(3)	25,000		Book	N/A	YWCA Legal Advocacy Program
Volunteer Lawyers Project of the BBA	22-2486215	501(c)(3)	49,000		Book	N/A	Senior Partners for Justice-WEST
MASSACHUSETTS LEGAL ASSISTANCE CORP	04-2790762	501(c)(3)	13,000		Book	N/A	ACCESS TO JUSTICE COMMISSION

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MASSACHUSETTS BAR FOUNDATION INC

Employer identification number
04-6130261

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?
			Yes No
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$			
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$			

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARK DOHERTY	ASSISTANT TREASURER		MR DOHERTY IS EMPLOYED AND PAID THROUGH THE MASSACHUSETTS BAR ASSOCIATION, A RELATED NON PROFIT ORGANIZATION, WHILE ALSO FUNCTIONING AS THE ASSISTANT TREASURER FOR THE MASSACHUSETTS BAR FOUNDATION		No

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990.**

OMB No 1545-0047

2009**Open to Public
Inspection****Name of the organization**

MASSACHUSETTS BAR FOUNDATION INC

Employer identification number

04-6130261

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		BOARD MEMBERS LOOK OVER AND EXAMINE 990 FOR ACCURACY UPON PASSING THEIR INSPECTION THE FORM IS FILED
Form 990, Part VI, Section B, line 12c		IF THERE IS A CONFLICT OF INTEREST, THE TRUSTEE OR FELLOW, SHALL NOT REVIEW THAT PROSPECTIVE ITEM AND SHALL ABSTAIN FROM VOTING ABSTENTION FROM VOTING SHALL BE RECORDED IN THE MINUTES OF THE MEETING IN SPECIAL CIRCUMSTANCES, WITH A VOTE OF THE MAJORITY OF THE DISINTERESTED TRUSTEES, THE BOARD MAY VOTE TO SUSPEND THE CONFLICT POLICY AND THEN ALLOW ALL MEMBERS TO VOTE THIS SPECIAL VOTE WILL ALSO BE ENTERED INTO THE MINUTES OF THE MEETING ALL TRUSTEES AND FELLOWS SHALL PROVIDE AN ANNUAL WRITTEN SUMMARY OF ALL BUSINESS INVOLVEMENT WITH THE FOUNDATION THE CONFLICT OF INTEREST POLICY SHALL BE SUSPENDED CONCERNING ANY VOTE AND/OR ACTION BETWEEN THE FOUNDATION AND THE MASSACHUSETTS BAR ASSOCIATION
Form 990, Part VI, Section B, line 15a		Compensation review for the Executive Director includes the following review and approval by the EXECUTIVE COMMITTEE No members of the Board have a conflict of interest with the Executive Director Documentation of the decision making process is maintained
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE USE OF ITS WEB SITE AND THE PUBLISHING OF PRINTED REPORTS
		FORM 990, PART XI, LINE 2C THE ORGANIZATION HAS AN AUDIT COMMITTEE WHOSE PURPOSE IS THE OVERSIGHT AND REVIEW OF THE AUDITED FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MBA Insurance Agency Inc 20 WEST STREET BOSTON, MA02111 04-3372475	INSURANCE BROKER	MA	N/A	C			

Part V

Yes	No
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1a		No
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1b		No
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1c		No
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1d	Yes	
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1e		No
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1f		No
-----------	--	-----------

1g		No
-----------	--	-----------

1h		No
-----------	--	-----------

1i		No
-----------	--	-----------

1i		No

1j		No
1k		No

11	Yes	
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1m	No
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1n		No
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10	Yes	
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1p	Yes	
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1a	No
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14		No
15		No

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)		(e)	(f)		(g)	(h)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?		Share of end-of-year assets	Disproportionate allocations?		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Name(s) shown on return MASSACHUSETTS BAR FOUNDATION INC	Business or activity to which this form relates Form 990 Page 10	Identifying number 04-6130261
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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	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .	13		

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)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16

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 2009	17	658
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		

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 use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
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 instructions	22	658
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?						Yes No			24b If "Yes," is the evidence written?			Yes No		
(a) Type of property (list vehicles first)		(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation/ deduction		(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25						
26 Property used more than 50% in a qualified business use														
			%											
			%											
			%											
27 Property used 50% or less in a qualified business use														
			%				S/L -							
			%				S/L -							
			%				S/L -							
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1								28						
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1										29				

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)			(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year														
32 Total other personal(noncommuting) miles driven														
33 Total miles driven during the year Add lines 30 through 32														
34 Was the vehicle available for personal use during off-duty hours?			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?														
36 Is another vehicle available for personal use?														

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?											Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners												
39 Do you treat all use of vehicles by employees as personal use?												
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?												
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)												
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles												

Part VI Amortization

(a) Description of costs		(b) Date amortization begins	(c) Amortizable amount		(d) Code section	(e) A mortization period or percentage		(f) A mortization for this year	
42 A mortization of costs that begins during your 2009 tax year (see instructions)									
43 A mortization of costs that began before your 2009 tax year							43		
44 Total. Add amounts in column (f) See the instructions for where to report							44		

Additional Data

Software ID:
Software Version:
EIN: 04-6130261
Name: MASSACHUSETTS BAR FOUNDATION INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code	) (Expenses \$	3,000	including grants of \$	) (Revenue \$)
NAPOLITANO FUND GRANTS - TO SUPPORT SUMMER LAW STUDENT INTERNSHIP AT THE MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION				
(Code	) (Expenses \$	1,000	including grants of \$	) (Revenue \$)
MLGBA GRAY SCHOLARSHIP				
(Code	) (Expenses \$	3,760	including grants of \$	) (Revenue \$)
SMITH FUND GRANTS - TO SUPPORT LEGAL SERVICES FOR LOW INCOME INDIVIDUALS				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH PJ VRABEL ESQ PRESIDENT		X		X				0	0	0
JERRY COHEN ESQ VICE PRESIDENT		X		X				0	0	0
DEAN ROBERT V WARD TREASURER		X		X				0	0	0
ANTOINETTE E M LEONEY SECRETARY		X		X				0	0	0
MARK DOHERTY ASSISTANT TREASURER		X		X				0	0	0
LAURENCE M JOHNSON ESQ PAST PRESIDENT			X					0	0	0
ROBERT J AMBROGI ESQ TRUSTEE			X					0	0	0
JANET F ASERKOFF ESQ TRUSTEE			X					0	0	0
BERNARD J BONN III ESQ TRUSTEE			X					0	0	0
RICHARD P CAMPBELL ESQ TRUSTEE			X					0	0	0
HON THOMAS A CONNORS TRUSTEE			X					0	0	0
LAWRENCE J FARBER ESQ TRUSTEE			X					0	0	0
HON FRANCIS R FECTEAU TRUSTEE			X					0	0	0
HON ANNE M GEOFFRION TRUSTEE			X					0	0	0
HON WENDIE I GERSHENG TRUSTEE			X					0	0	0
DANIEL J GLEASON ESQ TRUSTEE			X					0	0	0
KEVIN G KENNEALLY ESQ TRUSTEE			X					0	0	0
ROBERT J MARCHAND ESQ TRUSTEE			X					0	0	0
EDWARD W MCINTYRE ESQ TRUSTEE			X					0	0	0
ELIZABETH H MUNNELL TRUSTEE			X					0	0	0
HARVEY WEINER ESQ TRUSTEE			X					0	0	0
ELIZABETH LYNCH EXECUTIVE DIRECTOR	35 00			X				105,000	0	0
SUSANNAH THOMAS DEVELOPMENT DIRECTOR	35 00			X				59,291	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
ADMINISTRATIVE FEES	48,000		48,000	
PRINTING & PUBLICATION	6,198		6,198	
POSTAGE AND SHIPPING	5,456		5,456	
INSURANCE EXPENSE	3,348		3,348	
TEMPORARY HELP	3,035		3,035	