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# Short Form Return of Organization Exempt From Income Tax

**2009**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public  
Inspection**

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>FEDERAL BAR ASSOC PHOENIX CHAPTER</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>3003 N Central Avenue</b> <b>2600</b> City or town, state or country, and ZIP + 4 <b>Phoenix, AZ 85012-2913</b>	<b>D Employer identification number</b> <b>86-1030375</b> <b>E Telephone number</b>  <b>F Group Exemption Number</b> ▶
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• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

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

**I Website:** ▶

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

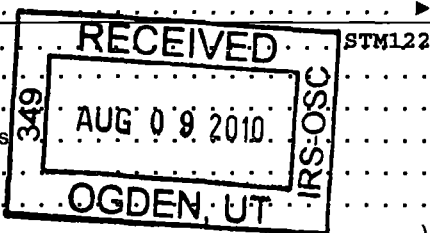
**J Tax-exempt status** (check only one) -  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **39,479**

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

	1 Contributions, gifts, grants, and similar amounts received		
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		39,459
	4 Investment income		20
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	39,479
	10 Grants and similar amounts paid (attach schedule)	10	500
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	400
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	17
	16 Other expenses (describe ▶ <u>STM130</u> )	16	40,038
	17 <b>Total expenses.</b> Add lines 10 through 16	17	40,955
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(1,476)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	26,936
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	25,460



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	26,936	22 25,460
23 Land and buildings		23
24 Other assets (describe ▶ _____)		24
25 <b>Total assets</b>	26,936	25 25,460
26 <b>Total liabilities</b> (describe ▶ _____)		26
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	26,936	27 25,460

P 3

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)	<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
	What is the organization's primary exempt purpose? <b>TO PROVIDE EDUCATION AND PROF DEV</b>	
	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
<b>28</b>	<b>MONTHLY SPEAKING, EDUCATION AND PROFESSIONAL DEVELOPMENT MEETINGS. ALL MEETINGS PERTAIN TO DEVELOPING MEMBER ATTORNEYS AND IS OPEN TO THE GENERAL PUBLIC ABOUT PERTINENT</b> (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> <b>9,633</b>
<b>29</b>	_____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>	_____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b>	Other program services (attach schedule) _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) _____	<b>32</b> <b>9,633</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Karin Aldama 3003 N Central Avenue Phoenix, 85012-2913	President 0	STMA01 0	0	0
Alison Bachus 3003 N Central Avenue Phoenix, 85012-2913	Vice President 0	STMA02 0	0	0
Mark Hummels 3003 N Central Avenue Phoenix, 85012-2913	Secretary 0	STMA03 0	0	0
Todd Kartchener 3003 N Central Avenue Phoenix, 85012-2913	Treasurer 0	STMA04 0	0	0
Dan Kaplan 3003 N Central Avenue Phoenix, 85012-2913	Board Member 0	STMA05 0	0	0
Geoff Sturr 3003 N Central Avenue Phoenix, 85012-2913	Board Member 0	STMA06 0	0	0
Honorable Michelle Burns 3003 N Central Avenue Phoenix, 85012-2913	Board Member 0	STMA07 0	0	0
Michael Mason 3003 N Central Avenue Phoenix, 85012-2913	Board Member 0	STMA08 0	0	0
Diana Weaver 3003 N Central Avenue Phoenix, 85012-2913	Board Member 0	STMA09 0	0	0
Paul Burns 3003 N Central Avenue Phoenix, 85012-2913	Board Member 0	STMA10 0	0	0
Shane Olafson 3003 N Central Avenue Phoenix, 85012-2913	Board Member 0	STMA11 0	0	0
David Rosenbaum 3003 N Central Avenue Phoenix, 85012-2913	Board Member 0	STMA12 0	0	0
Lori Burke 3003 N Central Avenue Phoenix, 85012-2913	Board Member 0	STMA13 0	0	0
Kevin Bonner 3003 N Central Avenue Phoenix, 85012-2913	Board Member 0	STMA14 0	0	0
Whitney Meister 3003 N Central Avenue Phoenix, 85012-2913	Board Member 0	STMA15 0	0	0
Jon Sands 3003 N Central Avenue Phoenix, 85012-2913	Board Member 0	STMA16 0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. AZ		
42 a	The organization's books are in care of Todd Kartchner - c/o Fenmore Craig Telephone no. 602-916-5461 Located at 3003 M Central Avenue Suite 2600 Phoenix, AZ ZIP + 4 85012-2913		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	Yes	No
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
44			X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
45			X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?
47 Did the organization engage in lobbying activities?
48 Is the organization a school as described in section 170(b)(1)(A)(ii)?
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

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: Todd Kartchner, Treasurer. Date: 8-4-10.

Paid Preparer's Use Only: Preparer's signature: Carl N Johnson Jr. Date: 08-02-2010. Check if self-employed: [X]. Preparer's Identifying No.: 900123098. Firm's name: One Source Accounting Solutions, 2040 S Alma School, Suite 1, #1, Chandler, AZ 85286. EIN: 86-1008827. Phone no: 602-628-8206.

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



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		(event type)	(event type)	(total number)	Add col (a) through col (c)	
R e v e n u e	1	Gross receipts . . . . .				
	2	Less. Charitable contributions . . . . .				
	3	Gross revenue (line 1 minus line 2) . . . . .				
D i r e c t  E x p e n s e s	4	Cash prizes . . . . .				
	5	Non-cash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .				
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( )
	11	Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1	Gross revenue . . . . .		
D i r e c t  E x p e n s e s	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
8	Net gaming income summary. Combine line 1, column (d), and line 7 . . . . . ▶				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

**Federal Supporting Statements****2009**

Name(s) as shown on return

FEIN

**Form 990EZ, Part I, Line 10  
Grants and Similar Amounts Paid Schedule**

Statement #122

	<u>Amount</u>	<u>Relationship</u>
Activity		
Grantee		
Address		
ASU FOUNDATION AND FBA FOUNDATION	500	NONE
ARIZONA STATE UNIVERSITY		
ARIZONA STATE FOUNDATION		
TEMPE AZ 85281		
Total	<u>500</u>	

**Form 990EZ, Part I, Line 16  
Other Expenses Schedule 2**

<u>Description</u>	<u>Amount</u>
Annual Event Dinner	29,119
Awards & Recognition	305
Donations	0
Travel	973
Bank Fees	8
Education Seminars and Meetings	<u>9,633</u>
Total	<u>40,038</u>

Karin Aldama

**Explanation**

No Compensation - 100% Volunteer. Volunteers about 30-40 hours per month.

**Federal Supporting Statements**

**2009**

Name(s) as shown on return

FEIN

Alison Bachus

**Explanation**

No Compensation - 100% Volunteer. Volunteers between 5 - 10 hours per month.

Mark Hummels

**Explanation**

No Compensation - 100% Volunteer. Volunteers about 5 - 10 hours per month.

Todd Kartchener

**Explanation**

No Compensation - 100% Volunteer. Volunteers about 5 - 10 hours per month.

**Federal Supporting Statements**

**2009**

Name(s) as shown on return

FEIN

Dan Kaplan

**Explanation**

100% Volunteer about 2 hours per month - no compensation.

Geoff Sturr

**Explanation**

100% Volunteer about 2 hours per month - no compensation.

Honorable Michelle Burns

**Explanation**

100% Volunteer about 2 hours per month - no compensation.

**Federal Supporting Statements**

**2009**

Name(s) as shown on return

FEIN

Michael Mason

**Explanation**

100% Volunteer about 2 hours per month - no compensation.

Diana Weaver

**Explanation**

100% Volunteer about 2 hours per month - no compensation.

Paul Burns

**Explanation**

100% Volunteer about 2 hours per month - no compensation.

**Federal Supporting Statements**

**2009**

Name(s) as shown on return

FEIN

Shane Olafson

**Explanation**

100% Volunteer about 2 hours per month - no compensation.

David Rosenbaum

**Explanation**

100% Volunteer about 2 hours per month - no compensation.

Lori Burke

**Explanation**

100% Volunteer about 2 hours per month - no compensation.

**Federal Supporting Statements**

**2009**

Name(s) as shown on return

FEIN

Kevin Bonner

**Explanation**

100% Volunteer about 2 hours per month - no compensation.

Whitney Meister

**Explanation**

100% Volunteer about 2 hours per month - no compensation.

Jon Sands

**Explanation**

100% Volunteer about 2 hours per month - no compensation.

# Application for Extension of Time to File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>FEDERAL BAR ASSOC PHOENIX CHAPTER</b>	Employer identification number <b>86-1030375</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3003 N Central Avenue</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Phoenix, AZ 85012-2913</b>	

**Check type of return to be filed** (file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► **Todd Kartchner - co Fenmore Craig 3003 M Central Avenue Suite 2600, AZ 85012-2**

Telephone No ► **602-916-5461** FAX No. ► **602-916-5661**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2009 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.