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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds 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.

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**A For the 2009 calendar year, or tax year beginning , 2009, and ending ,****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** FEDERAL BAR ASSOCIATION UTAH CHAPTER INC  
P.O. BOX 11543  
SALT LAKE CITY, UT 84147

**D** Employer identification number

87-0620506

**E** Telephone number

801-532-1500

**F** Group Exemption Number

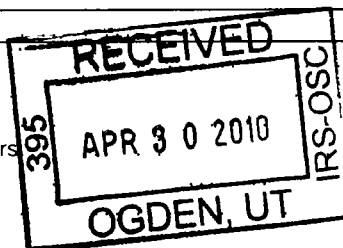
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ►**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ► WWW.FEDBAR.ORG/UTAH.HTML**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

► \$ 51,088.

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	45,142.
<b>3</b>	Membership dues and assessments	<b>3</b>	5,922.
<b>4</b>	Investment income	<b>4</b>	24.
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
<b>6a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>6b</b>	Less: direct expenses other than fundraising expenses	<b>6b</b>	
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less: cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe ► _____)	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	51,088.
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	1,205.
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	102.
<b>16</b>	Other expenses (describe ► SEE STATEMENT 1)	<b>16</b>	51,887.
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	53,194.
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-2,106.
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	33,459.
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	31,353.

**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
<b>22</b> Cash, savings, and investments	33,459.	31,353.
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ► _____)		
<b>25</b> <b>Total assets</b>	33,459.	31,353.
<b>26</b> <b>Total liabilities</b> (describe ► _____)	0.	0.
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	33,459.	31,353.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**Form **990-EZ** (2009)

SCANNED MAY 26 2010

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions.)
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## Expenses

What is the organization's primary exempt purpose? SEE STATEMENT 2

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.

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)

28 THE ASSOCIATION'S SEMINARS, DINNERS AND LUNCHEONS ARE ALL DESIGNED  
TO ACCOMPLISH THE PURPOSES OF THE ORGANIZATION.

(Grants \$ ) If this amount includes foreign grants, check here

28 a

29

(Grants \$ ) If this amount includes foreign grants, check here

**29 a**

30

(Grants \$ ) If this amount includes foreign grants, check here

**30 a**

**31** Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

31 a

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

32

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs )

[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> 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.		
<b>a</b> 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>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> 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
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>N/A</b> , section 4912 <b>N/A</b> , section 4955 <b>N/A</b>		
<b>b</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 <b>40b</b>		
<b>c</b> 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 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>UT</b>		

**42a** The organization's books are in care of **JONATHAN G. PAPPASIDERIS** Telephone no. **801-532-1500**  
Located at **36 SOUTH STATE STREET SUITE 1400 SALT LAKE CITY UT** ZIP + 4 **84111**

**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)? **42b** X  
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 a Foreign Bank and Financial Accounts.**

**c** At any time during the calendar year, did the organization maintain an office outside of the U S ? **42c** X  
If 'Yes,' enter the name of the foreign country

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A  
and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44** X

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **45** X

**Part VI** Section 501(c)(3) organizations 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.

	Yes	No
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If 'Yes,' was the related organization a section 527 organization?	<b>49b</b>	

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

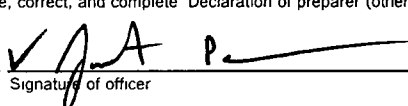
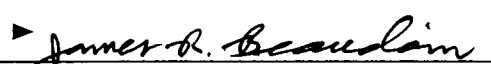
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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**f** Total number of other employees paid over \$100,000 ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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**d** Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	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		April 28, 2010 Date	
	Jonathan Pappas, Denis Type or print name and title		TREASURER	
<b>Paid Preparer's Use Only</b>	Preparer's signature	 Date 4/26/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4	PINNOCK, ROBBINS, POSEY & RICHINS 136 E. SOUTH TEMPLE SUITE 2250 SALT LAKE CITY, UT 84111		
		EIN	N/A	
		Phone no	(801) 533-0409	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

## FEDERAL BAR ASSOCIATION UTAH CHAPTER INC

87-0620506

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

BANK SERVICE FEES	\$	38.
CONFERENCES, CONVENTIONS, AND MEETINGS		38,090.
GENERAL ADMINISTRATION		4,896.
MEMBERSHIP FEES		1,960.
NEWSLETTERS		5,697.
PERMITS & FEES		1,206.
<b>TOTAL</b>	<b>\$</b>	<b>51,887.</b>

**STATEMENT 2**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PROMOTING THE WELFARE, INTEREST, EDUCATION, AND PROFESSIONAL DEVELOPMENT OF ATTORNEYS INVOLVED IN FEDERAL LAW.

**STATEMENT 3**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DIANA HAGEN 185 SOUTH STATE, SUITE 400 SALT LAKE CITY, UT 84111	BOARD MEMBER 1.00	\$ 0.	\$ 0.	0.
CASS C. BUTLER 10 EAST SOUTH TEMPLE SUITE 900 SALT LAKE CITY, UT 84133	BOARD MEMBER 1.00	0.	0.	0.
SAMUEL S. HARKNESS 10 EXCHANGE PLACE, #1100 SALT LAKE CITY, UT 84145	TREASURER 1.00	0.	0.	0.
BENSON L. HATHAWAY JR. 60 EAST SOUTH TEMPLE #1800 SALT LAKE CITY, UT 84145-0120	BOARD MEMBER 1.00	0.	0.	0.
JUSTIN D. HEIDEMAN 2696 NORTH UNIVERSITY STE 180 PROVO, UT 84604	BOARD MEMBER 1.00	0.	0.	0.
JONATHAN O. HAFEN 185 SOUTH STATE, SUITE 800 SALT LAKE CITY, UT 84111	BOARD MEMBER 1.00	0.	0.	0.

## FEDERAL BAR ASSOCIATION UTAH CHAPTER INC

87-0620506

**STATEMENT 3 (CONTINUED)**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARK E. HINDLEY 201 SOUTH MAIN #1100 SALT LAKE CITY, UT 84111	BOARD MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
ERIK A. CHRISTIANSEN 201 SOUTH MAIN, SUITE 1800 SALT LAKE CITY, UT 84111	PRESIDENT 1.00	0.	0.	0.
AMY SORENSON 15 W SOUTH TEMPLE, SUITE 1200 SALT LAKE CITY, UT 84101	PRESIDENT 1.00	0.	0.	0.
RICHARD G. MACDOUGALL 46 W BROADWAY, SUITE 110 SALT LAKE CITY, UT 84101	BOARD MEMBER 1.00	0.	0.	0.
LOUISE S. YORK 350 SOUTH MAIN, SUITE 150 SALT LAKE CITY, UT 84101	BOARD MEMBER 1.00	0.	0.	0.
HON. DALE A. KIMBALL 350 SO MAIN ST., #220 SALT LAKE CITY, UT 84101	FED DIST COURT 1.00	0.	0.	0.
DAVID J. HOLDSWORTH 9125 SOUTH MONROE STREET #C SANDY, UT 84070	BOARD MEMBER 1.00	0.	0.	0.
MARK K. VINCENT 185 SOUTH STATE, SUITE 400 SALT LAKE CITY, UT 84111	BOARD MEMBER 1.00	0.	0.	0.
MARK L. CALLISTER 10 EAST SOUTH TEMPLE, STE 900 SALT LAKE CITY, UT 84133	BOARD MEMBER 1.00	0.	0.	0.
JENNIFER L. TOMCHAK 185 SOUTH STATE, SUITE 800 SALT LAKE CITY, UT 84111	BOARD MEMBER 1.00	0.	0.	0.
JONATHAN PAPPASIDERIS 36 SOUTH STATE, SUITE 1400 SALT LAKE CITY, UT 84111	BOARD MEMBER 1.00	0.	0.	0.
JULIETTE P. WHITE 201 SOUTH MAIN SUITE 1800 SALT LAKE CITY, UT 84111	BOARD MEMBER 1.00	0.	0.	0.

FEDERAL BAR ASSOCIATION UTAH CHAPTER INC

87-0620506

**STATEMENT 3 (CONTINUED)**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ROBERT G. WING 175 EAST 400 SOUTH SUITE 900 SALT LAKE CITY, UT 84111	BOARD MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

**STATEMENT 4**  
**FORM 990-EZ, PART VI**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO