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Form **990**

Department of the Treasury

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

2009

OMB No 1545-0047

Open to Public

				04 2000	•		Inspection
			ear, or tax year beginning 10- C Name of organization	01-2009 and ending 09-30-201	<u>U</u>	D Employer ide	ntification number
- Addre		oplicable Please use IRS	MICHIGAN STATE BAR FOUND	ATION		38-145901	6
- Nam		label or	Doing Business As			E Telephone nu	
- Initia		type. Se	e			(517) 346-6	5400
Initia — Term		Instruc-		ox if mail is not delivered to street addre	ss) Room/suite	G Gross receipts	
				1 370			
Amei 			City or town, state or country LANSING, MI 48933	and ZIP + 4			
Appli	cation	pending					
			ame and address of principal A REXER	officer		ıs a group returr	
			TOWNSEND STREET		affilia	ites?	⊤Yes ▼ No
		LANS	SING,MI 48933		H(b) Are al	II affiliates includ	ed?
r Tay-	evem	nt status 🔽 501	.(c) (3) 4 (insert no)	2)/1) or	l _		(see instructions)
		: • www msbf or		a)(1) 01	H(c) Grou	ıp exemptıon nu	mber 🕦
				ut No	1		Chaha af land damada Mi
Pari		Summary	ration Trust Association O	ther F	L Year of to	rmation 1947 M	State of legal domicile MI
			the organization's mission or	most significant activities			
,				MINISTRATION OF JUSTICE I	N THE STATE	OFMICHIGAN	l
caovemance							
<u> </u>							
<u>, </u>	2	Chack this how	If the organization discon	tinued its operations or disposed	of more than	25% of its not a	ecate
5			r				
				ody (Part VI, line 1a)			
WCIIMIIES &				e governing body (Part VI, line 1t))		
!			employees (Part V, line 2a)				
]			volunteers (estimate if neces			6	2
•		-		Part VIII, column (C), line 12 .	•		
	b	Net unrelated bu	ısıness taxable ıncome from i	Form 990-T, line 34		7b	1
					Prio	r Year	Current Year
.	8	Contributions a	and grants (Part VIII, line 1h)		632,963	765,078
를	9	Program servic	e revenue (Part VIII, line 2g		1,463,576	952,160	
Reveni	10	Investment inc	ome (Part VIII, column (A),	ines 3, 4, and 7d)		362,169	361,538
Ĕ	11	Other revenue	(Part VIII, column (A), lines			1,086	
	12	Total revenue-	-add lines 8 through 11 (mus	t equal Part VIII, column (A), line	e		
						2,458,708	2,079,862
	13			olumn (A), lines 1-3)		2,666,729	2,561,886
	14			umn (A), line 4)			0
8	15	Salaries, other 10)	compensation, employee ber	efits (Part IX, column (A), lines 5	5 –	293,257	366,025
\$€	16a	•	ndraisina fees (Part IX, colur	nn (A), line 11e)		2,152	0
Expenses	b		expenses (Part IX, column (D), line 2			,	
_	17			lla-11d, 11f-24f)		321,259	358,122
	18			al Part IX, column (A), line 25)		3,283,397	3,286,033
	19			m line 12		-824,689	-1,206,171
						g of Current	End of Year
Net Assets of Fund Balances	20	Total (5	Part X, line 16)		Y	/ear	
<u>g</u>						11,347,545	10,051,655
\$ <u>\$</u>	21			1 form line 20		3,411,022	3,146,241
	22		und balances Subtract line 2	1 from line 20		7,936,523	6,905,414
Part		Signature I					
				ined this return, including accompanying n of preparer (other than officer) is base			
Sign		*****				-03-11	
lere		Signature of off	icer		Date		
			EXECUTIVE DIRECTOR				
		Type or print na	ame and title				
		Preparer's			Check If	Preparer's identif	
Paid		signature Bruc	ce J Dunn CPA	I I	self- empolyed •	(see instructions)	
Prepar	er's	Firm's name (or yo	ours L Maner Costerisan PC		poi/cu		
Jse Oi		ıf self-employed),	P			EIN 🕨	
		address, and ZIP +	4 2425 E Grand River Suite 1		_	Dhone b /-	17) 222 7500
			Lansing, MI 489123291			Phone no 🕨 (5	1/) 323-/300
ay th	e IRS	S discuss this re	turn with the preparer shown	above? (see instructions)			▼ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

See Schedule O

2		n undertake any signific or 990-EZ?		s during the year	which were not listed on	「Yes ▼ No
	If "Yes," describe th	nese new services on S	chedule O			
3	Did the organization services?	n cease conducting, or	make sıgnıficant cha	nges in how it con	ducts, any program	┌ Yes ┌ No
	If "Yes," describe th	nese changes on Sched	ule O			
4	Section 501(c)(3) a	• •	tions and section 49	47(a)(1) trusts ar	argest program services by e required to report the amo ervice reported	•
4a	(Code) (Expenses \$	2,358,053 inclu	ding grants of \$	1,903,875) (Revenue \$	778,350)
		CERTAIN LAWYERS POOLED HE POOR 12,972 ATTORNEY		FOR GRANTS REGARE	DING IMPROVEMENTS IN THE ADM	INISTRATION OF JUSTICE AND
4b	(Code ACCESS TO JUSTICE -) (Expenses \$ GRANTS AND RELATED EXPE	•	ding grants of \$ LEGAL SERVICES TO T	558,683) (Revenue \$ THE POOR	0)
4c	(Code FILING FEES - FUNDS) (Expenses \$ EXPENDED TO PROVIDE GRA	•	ding grants of \$ RVICES TO THE POOR	0) (Revenue \$	71,410)
4d	Other program ser	vices (Describe in Sch	nedule O) See also <i>I</i>	dditional Data fo	r Description	
	(Expenses \$	128,840 inc	luding grants of \$	99,3	28) (Revenue \$	102,400)
4e	Total program serv	rice expenses ⊁ \$	3,236,504			
						Form 990 (2009)

Part TV	Checklis	st of De	auired 9	Schedules
	CHECKII	SL UI KE	uuneu s	cneuules

			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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		
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, line10? 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	Į		
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
b	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? <i>If "Yes," complete Schedule F, Part II</i>	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? <i>If "Yes," complete Schedule G, Part I</i>	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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? If "Yes," complete Schedule R, Part VI	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	

orm	990 (2009)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		v	
-	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
ь	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		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	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	4-		
_	account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
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		Νο
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).			
а	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	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
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			
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		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

306 TO WNSEND ST LANSING, MI 48933 (517) 346-6400

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.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 18			
Ь	Enter the number of voting members that are independent 18			
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?	2	Yes	
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?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
Ne	venue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
ь				
	10b			
	11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form			
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	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		Νo
b	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?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►MI			
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. Own website. Own website.			
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	ne orga	nızatıor	n 🕨
	LINDA REXER			

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	ffice	r, dırector, trustee	or key employee						
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Highest compensated employee Key employee Officer Institutional Trustee or director			Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data										

1b	Total	0		129,794
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 \$2			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		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? If "Yes," complete Schedule J for such individual			
	Individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
<u>S</u>	ection 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 Comper	
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			
		F	orm 99 0	(2009)

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Form 9	•	·						Page 9
Part	V1111	Statement of	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
まま	1a	Federated cam	paigns 1a					
S Ta	Ь	Membership du	es 1b					
3,€	C	Fundraising eve	ents 1c	20,060				
<u> </u>	d		zations 1d					
ars,	e	Government grant				ļ		ļ ļ
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	ons, gifts, grants, and ot included above butions included in 7,815	714,972				
Con	h		s 1a-1f	•	765,078			
an				Business Code				
Program Serwce Revenue	2a	IOLTA REVENUE		900,099	778,350	778,350		
<u>22</u>	b	DHS/SSI contract r	even	900,099	102,400	102,400		
Š	اد د	FILING FEES		900,099	71,410	71,410		
Š	d							
E E	e _	All other progra	am corvice revenue					
Ş	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f		952,160			
	3		ome (including dividen	-	334,962			334,962
	4		ar amounts)	⊢	334,902			334,902
	5			proceeds P				
		Koyanines I	(ı) Real	(II) Personal				
	6a	Gross Rents		,				
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	7,167,229					
	b	Less cost or other basis and	7,140,653					
	_c	sales expenses Gain or (loss)	26,576					
	d		(s)		26,576			26,576
<u>⊕</u>	8a	Gross income f events (not inc	rom fundraising luding					
Other Revenue		of contributions	,060 s reported on line 1c) ne 18					
ř.			а	27,795				
ţ۴e	Ь		penses b	26,709				
0	c		(loss) from fundraising	events 🕦	1,086			1,086
	9a		rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	inventory, less owances .					
	Ь	less cost of -	a oods sold b					
	"		oods sold D (loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a							
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	•	2,079,862	952,160	0	362,624
	_			L	2,013,002	332,100	U	302,024

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).								
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	2,561,886	2,561,886					
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	366,025	340,602	19,202	6,221			
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							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees)							
а	Management							
ь	Legal	20	18	2				
c	Accounting	21,566	19,842	1,724				
d	Lobbying	21,555	13/6 12	1,721				
e	Professional fundraising See Part IV, line 17							
	Investment management fees	18,690	17,539	1 151				
f -	-	· · · · · · · · · · · · · · · · · · ·	,	1,151				
g	Other	32,232	29,951	2,281				
12	Advertising and promotion	24.045	20.025	1 000				
13	Office expenses	31,815	29,826	1,989				
14	Information technology							
15	Royalties							
16	Occupancy	34,754	31,975	2,779				
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	56,672	55,097	1,575				
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	9,068	8,343	725				
23	Insurance	7,363	6,774	589				
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)							
а	leased employees	137,053	127,788	9,265				
ь	dues and subscriptions	6,330	5,943	387				
С	miscellaneous	1,559		1,559				
d	staff training	1,000	920	80				
e f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	2 206 022	2 226 501	42.200	6 224			
		3,286,033	3,236,504	43,308	6,221			
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							

Pa	rt X	Balance Sheet			
			(A)		(B)
	Ι.		Beginning of year		End of year
	1	Cash—non-interest-bearing	202.000	1	507.000
	2	Savings and temporary cash investments	829,992		587,809
	3	Pledges and grants receivable, net	405,056		280,631
	4	Accounts receivable, net	140,456	4	112,680
	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	
ets	7	Notes and loans receivable, net		7	
ssets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	4,633	9	4,590
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 101,507			
	ь	Less accumulated depreciation 10b 63,134	25,266	10c	38,373
	11	Investments—publicly traded securities	9,893,994	11	8,993,803
	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	48,148	15	33,769
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,347,545	16	10,051,655
	17	Accounts payable and accrued expenses .	71,624	17	66,518
	18	Grants payable	2,052,658	18	1,735,621
	19	Deferred revenue		19	_
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	_
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.e</u>		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	1,286,740	25	1,344,102
	26	Total liabilities. Add lines 17 through 25	3,411,022	26	3,146,241
~		Organizations that follow SFAS 117, check here 🕨 🗸 and complete lines 27			_
ģ		through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	1,239,798	27	1,283,181
8	28	Temporarily restricted net assets	4,741,103	28	3,569,003
Fund Balance	29	Permanently restricted net assets	1,955,622	29	2,053,230
Ē		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete			
ĕ		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	7,936,523	33	6,905,414
	34	Total liabilities and net assets/fund balances	11,347,545	34	10,051,655

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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			
3а	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?	3a		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	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization MICHIGAN STATE BAR FOUNDATION

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

Dai	rt I	Deac	on for Bul	blic Charity Stat	us (All ord	anizatione	must comp	lete this nai	38-145901 rt \ See inst							
				e foundation because						u uctions						
1	rga			on of churches, or as:					,							
2	<u>'</u>			in section 170(b)(1)				X-X-X-								
3	<u>'</u>			perative hospital serv				n 170/h\/1\/ <i>A</i>	/ ::: \							
4	<u>'</u>			organization operate						/A \/;;;\ Ent	ortho					
4	1			y, and state	ea in conjun	ction with a	nospital desc	.nbed in secti	OII 170(D)(1)	(A)(III). EIIC	er the					
5	Γ	_	· ·	erated for the benefit		or universit	y owned or o	perated by a g	jovernmental	unıt describ	— ed ın					
6	_		section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7	<u> </u>		ınızatıon tha	t normally receives a	_					n the genera	l public	:				
				A)(vi) (Complete Pa	rt II)											
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)														
9	Ĺ.						tions, membe	ership fees. a	nd aro	SS						
_	•	An organization that normally receives (1) more than 331/3% 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 331/3% of														
		-		ss investment incom	-	-										
			_	anization after June 3				· ·		x ,	.05505					
10	$\overline{}$	•			•			•	•							
11	<u>'</u>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 se the box that describes the type of supporting organization and complete lines 11e through 11h								•	(a)(3).	Check						
e	Γ	other th	-	ox, I certify that the con managers and oth	_		•	•	•	•	•					
f		If the o check t	rganization r his box	received a written de						supporting	organız	zation,				
g			ugust 17, 2 g persons?	006, has the organiz	ation accep	ited any gift	or contribution	on from any of	the							
			.	ectly or indirectly co	ontrols, eithe	er alone or to	ogether with i	persons desci	ribed in (ii)		Yes	No				
				, governing body of the	•				()	11g(i)						
				r of a person describ		_				11g(ii)	_	 				
		` '	•	ed entity of a person	. ,		hove?			11g(iii)	_	 				
h				g information about t						[5(<u> </u>	<u> </u>				
	•			(iii) Type of	(iv)		(v)		(vi) Is the							
	(i) Name		/:: :	organization (described on	organizat		organiza		organizat		(vii)				
	uppo		(ii) EIN	lines 1- 9 above	col (ı) lıs		col (ı) o		col (ı) org			ount of				
		zation		or IRC section	your gove	_	suppo	ort?	in the U	S?	sup	port?				
				(see			-									
				ınstructions))	Yes	No	Yes	No	Yes	No						
									1							
Total				1			1	1								

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.)

	(Complete only if you	ou checked the	box on line 5,	/, or 8 of Part I.	.)			
	ection A. Public Support		1					
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the	t 952,75	9 809,40	1 1,681,960	632,963		765,078	4,842,161
	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	o						
4	Total. Add lines 1 through 3	952,75	9 809,40	1 1,681,960	632,963		765,078	4,842,161
5	The portion of total contributions	,	,		,			· · ·
J	by each person (other than a governmental unit or publicly supported organization) included o line 1 that exceeds 2% of the amount shown on line 11, column	n						
6	(f) Public Support. Subtract line 5 from	m						
J	line 4	··						4,842,161
S	ection B. Total Support	•		•			•	
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	10.9	(f) Total
	beginning in)		` '			(-)		
7	A mounts from line 4	952,759	389,015	1,681,960	632,963		765,078	4,842,161
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	204,787	389,015	495,460	346,265		334,962	1,770,489
9	Net income from unrelated business activities, whether or not the business is regularly carried on						1,086	1,086
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)							6,613,736
12	Gross receipts from related activit	ies, etc (See inst	ructions)			12		13,465,562
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pu		·	d, thırd, fourth, or fı	fth tax year as a !	501(c)(3	3) organız	ation, ▶
14	Public Support Percentage for 200			11 column (f))		14		73 210 %
15	Public Support Percentage for 200	•						
	33 1/3% support test—2009. If the	·	·	v on line 12 and li	ino 14 io 22 1/20/	15 or more	chack +	75 410 %
Ь	and stop here. The organization qu 33 1/3% support test—2008. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization part IV how the organization me	alifies as a public e organization did in qualifies as a pi :— 2009. If the org ation meets the "f	ly supported orga not check the bo ublicly supported anization did not acts and circums	anization ox on line 13 or 16; organization check a box on line stances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b k this box and st	33 1/3% and line	or more, : 14 Explain	check this
h	organization 10%-facts-and-circumstances test	:2008. If the ora	anization did not	check a hox on line	e 13.16a 16b o	r 17a an	d line	►
	15 is 10% or more, and if the organization Explain in Part IV how the organization	nızatıon meets th	e "facts and circ	umstances" test, c	heck this box and	stop he	ere.	▶ ┌
18	Private Foundation If the organiza instructions	tion did not check	a box on line 13	, 16a, 16b, 17a or	17b, check this l	oox and :	see	▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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 A (Form 990 or 990-EZ) 2009

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OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization **Employer identification number** MICHIGAN STATE BAR FOUNDATION 38-1459016

	organization answered "Yes" to Form 9	(a) Donor adv	ısed funds	(b) Funds and c	ther accou	ınts
	Total number at end of year						
	Aggregate contributions to (during year)						
	Aggregate grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor adv	_		onor advi	sed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit					☐ Yes	┌ No
'a	rt II Conservation Easements. Complete	ıf the organızatıon a	inswered "Yes"	' to Form	990, Part I\	/, line 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	tion or pleasure)	Preservation of Preservation of	a certified	l historic struc	•	a
	Complete lines 2a-2d if the organization held a qua easement on the last day of the tax year	lified conservation cont	ribution in the foi	rm of a co	nservation		
					Held at the	End of the	Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easement	S		2b			
c	Number of conservation easements on a certified hi	storic structure include	d ın (a)	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06		2d			
	Number of conservation easements modified, transf	ferred, released, extingu	ıshed, or termina	ted by th	e organization	during	
	the taxable year 🛌						
ļ	Number of states where property subject to conserv	/ation easement is locat	:ed ►				

indinger of conservation casements included in (c) acquired after 6,17,700	Zu						
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during							
the taxable year 🛌							
Number of states where property subject to conservation easement is located 🛌							
Does the organization have a written policy regarding the periodic monitoring, inspection, hand enforcement of the conservation easements it holds?	dling of	violations, and	┌ Yes	┌ No			
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easem	ents d	uring the year l	-				
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during	g the year 🟲 \$ _					
Does each conservation easement reported on line 2(d) above satisfy the requirements of sec $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	tıon		☐ Yes	┌ No			
,	•	•					
	Number of conservation easements modified, transferred, released, extinguished, or terminate the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, hand enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements. 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)? In Part XIV, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financial	Number of conservation easements modified, transferred, released, extinguished, or terminated by the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during 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)? In Part XIV, describe how the organization reports conservation easements in its revenue and expendiance sheet, and include, if applicable, the text of the footnote to the organization's financial statements.	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization the taxable year	Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? Tyes 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			

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.

- 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
- 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
- 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
- Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

ar	Till Organizations Maintaining Co	llections of Art	, Hist	toric	<u>al Tre</u>	easur	es, or (<u> </u>	<u>r Similar</u>	· Asse	ts (co.	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follo	wing th	at are	a sıgnıfıc	ant u	se of its co	llection	Ì	
а	Public exhibition		d	Γ	Loan or	rexcha	ange prog	rams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
1	Provide a description of the organization's co	ollections and expla	ın how	they	further	the or	ganızatıoı	n's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Γ,	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990	,	
	Part IV, line 9, or reported an ar											
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for co	ntrıbutı	ons or	other as:	setsi	not	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ng tal	ble		г					
							}			A mou	nt	
C	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
а	Did the organization include an amount on Fe	orm 990, Part X, line	21?							Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	1										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior Y		(c) Two	Years Bac	k (d)	Three Years	Back (e	Four Ye	ears Back
3	Beginning of year balance	2,018,028		1,	854,753							
b	Contributions	97,608			76,377							
С	Investment earnings or losses	177,003			93,634							
d	Grants or scholarships	2 24 4			6 706			_				
е	Other expenditures for facilities and programs	2,214			6,736							
f	Administrative expenses											
g	End of year balance	2,290,425		2,	018,028							
_	Provide the estimated percentage of the yea	r end balance held a	ns									
а	Board designated or quasi-endowment	0 % %										
_	Permanent endowment - 89 640 % %											
b	remanent endowment P											
c a	Term endowment ► 10 360 % % Are there endowment funds not in the posse	ssion of the organiza	ation t	hat ar	o hold	and ad	ministoro	d for	tho			
a	organization by	ssion of the organize	ation t	iiat ai	e neiu i	and ad	iiiiiiis tere	u ioi	tile		Yes	No
	(i) unrelated organizations									3a(i)	Yes	
	(ii) related organizations									3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organization	·								3b		
	Describe in Part XIV the intended uses of th											
a I	t VI Investments—Land, Buildings	s, and Equipme	nt. Se	ee Fo	rm 99	<u>0, Par</u>	t X, line	10.	<u> </u>			
	Description of investment				Cost or (Invest		(b) Cost or basis (ot		(c) Accum deprecia		(d) Bo	ok value
a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment						8	6,129		50,312		35,817
e	Other						1	5,378		12,822		2,556

38,373

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

PdI	IDXII Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,079,862
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,286,033
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,206,171
4	Net unrealized gains (losses) on investments	4	175,062
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	175,062
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,031,109
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		· · ·
1	Total revenue, gains, and other support per audited financial statements	1	2,079,862
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,079,862
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
С	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	2,079,862
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per R	
1	Total expenses and losses per audited financial statements	1	3,286,033
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
- а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,286,033
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
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	3,286,033
Par	t 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 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

Ident if ier	Return Reference	Explanation
,	Endowment Funds	Cohn Endowment - income generated from principal may be used for unrestricted purposes Access to Justice Endowment - income generated from principal is restricted to use for purposes of the program

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DLN: 93493088008501

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Supplemental Information Regarding

Fundraising or Gaming Activities

Name of the organization NICHIGAN STATE BAR FOUNDATION			Employer ide	ntification number
AICHIGAN STATE BAR FOUNDATION			38-1459016	5
Part I Fundraising Activities. Compl Form 990-EZ filers are not require			to Form 990, Part IV	/, line 17.
 Indicate whether the organization raised funtain a	e f g greement with any ind 'II) or entity in conne or entities (fundraise	Solicitation of no Solicitation of go Special fundraisi dividual (including office ection with professional ers) pursuant to agreem	n-government grants vernment grants ng events ers, directors, trustees fundraising activities?	
(i) Name of individual or entity (fundraiser) (ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Total	.			

Pai	t II	Fundraising Events. Com more than \$15,000 on Form					report	:ed		
			(a) Event #1 DINNER (event type)	(b) Event #2 DINNER (event type)	(c) O ther Events 1 (total number)	(d) Tot (Add col				
ELE ELE	1	Gross receipts	32,150	8,740	6,965		4	7,855		
Reveilue	2	Less Charitable contributions	10,895	4,100	5,065		2	0,060		
	3	Gross income (line 1 minus line 2)	21,255	4,640	1,900		2	7,795		
	4	Cash prizes								
မွာ	5	Non-cash prizes								
euse	6	Rent/facility costs								
Expenses	7	Food and beverages								
Direct	8	Entertainment								
莅	9	Other direct expenses .	20,169	4,640	1,900		2	6,709		
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			2	6,709		
	11	Net income summary Combine III	nes 3, column d, and line	10				1,086		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col				
	1	Gross revenue								
မွ	2	Cash prizes								
Expenses	3	Non-cash prizes								
	4	Rent/facility costs								
Direct	5	Other direct expenses								
	6	Volunteer labor	Г Yes	Г Yes	┌ Yes					
		Direct expense summary Add lines Net gaming income summary Com								
_							Yes	No		
9 a	Is t	er the state(s) in which the organization licensed to operate			 .	. 9a				
Ь		No," Explain				_				
10a b										
11	L Does the organization operate gaming activities with nonmembers?									
12		he organization a grantor, beneficia ned to administer charitable gaming				12				
					Schedule G (Form 9	90 or 990-	EZ) 20	09		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493088008501 OMB No 1545-0047

Employer identification number

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

Inspection

MICHIGAN STATE BAR FOUNDATIO) N					38-1459016	
Part I General Information	n on Grants and	l Assistance					
 Does the organization maintain r the selection criteria used to aw Describe in Part IV the organiza 	ard the grants or as:	sıstance [?]					▽ Yes ┌
Part II Grants and Other As Form 990, Part IV, line Part IV and Schedule I	ssistance to Gov 21 for any recip	vernments and O	rganizations in the more than \$5,000. Ch	United States. Con eck this box if no one	recipient receive	ed more than \$5,000	. Use
(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 gra or assistance
See Additional Data Table							
2 Enter total number of section 50	1(c)(3) and govern	ment organizations				<u> </u>	41
3 Enter total number of other organ							0

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

(a)Type of grant or assist	(b)Number of recipients	(c)A mount of cash grant	(d) A mount 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.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 RECIPIENTS MUST COMPLY WITH ELIGIBILITY REQUIREMENTS TO QUALIFY FOR GRANTS AND ASSISTANCE WE REQUIRE REPORTING BY GRANTEES ON THE COMPLETION OF THE GRANT

Software ID: Software Version:

EIN: 38-1459016

Name: MICHIGAN STATE BAR FOUNDATION

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
Michigan Poverty Law Program co Legal Services of South Central Michigan420 N Fourth Avenue Ann Arbor, MI 481041197	38-1845444	501(c)(3)	5,000				Legal Services for Indigents
Elder Law of Michigan 3815 W St Joseph St Suite C200 Lansing, MI 48917	38-2960530	501(c)(3)	12,803				Legal Services for Indigents
Legal Aid and Defender Association613 Abbott Street Detroit, MI 48226	38-1358203	501(c)(3)	88,530				Legal Services for Indigents
Legal Aid of Western Michigan89 Ionia NW Suite 400 Grand Rapids, MI 49503	38-2156874	501(c)(3)	160,871				Legal Services for Indigents
Legal Services of Northern MichiganPO Box 710 Sault Ste Marie, MI 49783	38-1817336	501(c)(3)	10,150				Legal Services for Indigents
Legal Services of South Central Michigan420 N Fourth Avenue Ann Arbor, MI 481041197	38-1845444	501(c)(3)	106,831				Legal Services for Indigents
A merican Civil Liberties Union Fund of Michigan1249 Washington Blvd 2910 Detroit, MI 48226	38-7243421	501(c)(3)	7,750				Legal Services for Indigents
Community Legal Resources 615 Griswold St Ste 1400 Detroit, MI 48226	20-5764501	501(c)(3)	78,430				Legal Services for Indigents
Detroit Bar Association Foundation645 Griswold Suite 1356 Detroit, MI 48226	38-1870033	501(c)(3)	8,400				Legal Services for Indigents
Legal Assistance Center180 Ottawa Ave NW Ste 5100 Grand Rapids, MI 49503	37-1492605	501(c)(3)	20,450				Legal Services for Indigents

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) HAVEN IncPO Box 431045 38-2426175 Legal Services for Pontiac, MI 483431045 Indigents 8,981 501(c)(3) Michigan State University 38-1358000 Legal Services for College of Law306 A Law Indigents 6,930 College Building East Lansing, MI 48824 Legal Services for 501(c)(3) University of Michigan Law 38-6006309 School363 Legal Research Indigents 12,008 Bldg 801 Monroe Street Ann Arbor, MI 48109 501(c)(3) Legal Aid and Defender 38-1358203 Legal Services for Association613 Abbott Indigents 52.283 Street Detroit, MI 48226 501(c)(3) Legal Services for Legal Aid of Western 38-2156874 Michigan89 Ionia NW Suite Indigents 13,629 400 Grand Rapids, MI 49503 38-1817336 Legal Services for Legal Services of Northern 501(c)(3) MichiganPO Box 710 Indigents 10,525 Sault Ste Marie, MI 49783 Legal Services of South 38-1845444 501(c)(3) Legal Services for Central Michigan 420 N Indigents 15.860 Fourth Avenue Ann Arbor, MI 481041197 501(c)(3) Law-Related Center for Civic Education 38-3052907 Through Law2111 Pontiac Education 15,000 Lake Rd Waterford, MI 48328 Benton Harbor Area Schools 38-1790200 501(c)(3) Law-Related Conflict 823 Riverview Drive Resolution 9,940 Benton Harbor, MI 49022 38-1988915 Thomas M Cooley Law School 501(c)(3) Law-Related PO Box 13038 Education 11,100 Lansing, MI 48901

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant ıf applicable valuation non-cash assistance organization grant cash or assistance (book, FMV, appraisal, or government assistance other) 38-3266868 501(c)(3) Law-Related Michigan Government Television Inc111 S Capitol Education 13.332 Ave Lansing, MI 48933 20th Circuit Court414 501(c)(3) Legal Services for 38-6004883 Washington St Indigents 9,000 Grand Haven, MI 49417 Berrien County701 Main 38-6000191 501(c)(3) Legal Services for Street Indiaents 10,000 St Joseph, MI 49085 38-6000191 501(c)(3) Legal Services for Berrien County 701 Main Street Indigents 10,000 St Joseph, MI 49085 Michigan Legal Services 200 23-7383477 501(c)(3) Law-Related Bagley 900 Mi Bldg Education 15,000 Detroit, MI 48226 501(c)(3) Legal Services for Legal Services of South 38-1845444 Central Michigan420 N Indigents 36,400 Fourth Avenue Ann Arbor, MI 481041197 Legal Services for Elder Law of Michigan 3815 W 38-2960530 501(c)(3) St Joseph St Suite C200 Indigents 20,000 Lansing, MI 48917 Legal Services for Legal Services of South 38-1845444 501(c)(3) Central Michigan420 N Indigents 20,000 Fourth Avenue Ann Arbor, MI 481041197 Michigan Poverty Law 38-1845444 501(c)(3) Support for Legal Program co Legal Services of Services for Indigents 110,730 South Central Michigan420 N Fourth Avenue Ann Arbor, MI 481041197 38-6006309 501(c)(3) Michigan Poverty Law Support for Legal Program co University of Services for Indigents 150,000 Michigan Law School Clinic 220 E Huron Street Suite 600A Ann Arbor, MI 48104

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 38-2077208 501(c)(3) Michigan Indian Legal Legal Services for Services 814 S Garfield Ave Indigents 26,700 Suite A Traverse City, MI 496863430 38-2010346 501(c)(3) Legal Services for Michigan Migrant Legal Assistance Project Inc1104 Indigents 56,070 Fuller NE Grand Rapids, MI 495031371 Elder Law of Michigan 3815 W 501(c)(3) Legal Services for 38-2960530 St Joseph St Suite C200 Indigents 85,500 Lansing, MI 48917 501(c)(3) Michigan Legal Services 200 23-7383477 Legal Services for Bagley 900 Mi Bldg Indigents 171,000 Detroit, MI 48226 Center for Civil Justice 320 S 38-1859780 501(c)(3) Legal Services for Washington 2nd Floor Indigents 94,130 Saginaw, MI 48607 501(c)(3) Lakeshore Legal Aid21885 38-1850908 Legal Services for Dunham Road Suite 4 Indigents 94,130 Clinton Township, MI 48036 501(c)(3) Legal Services for Legal Aid and Defender 38-1358203 Association613 Abbott Indigents 403,478 Street Detroit, MI 48226 Legal Services for Lakeshore Legal Aid21885 38-1850908 501(c)(3) Dunham Road Suite 4 Indigents 71,950 Clinton Township, MI 48036 Legal Aid of Western 38-2156874 Legal Services for 501(c)(3) Michigan89 Ionia NW Suite Indiaents 231,248 400 Grand Rapids, MI 49503 Legal Services for 501(c)(3) Legal Services of Northern 38-1817336 MichiganPO Box 710 Indigents 105,011 Sault Ste Marie, MI 49783

Form 990,Schedule 1, Pa	orm 990, Schedule 1, Part 11, 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				
Legal Services of South Central Michigan420 N Fourth Avenue Ann Arbor, MI 481041197	38-1845444	501(c)(3)	172,553				Legal Services for Indigents				

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Part I Questions Regarding Compensation

DLN: 93493088008501

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	Employer identification number
MICHIGAN STATE BAR FOUNDATION	
	38-1459016

			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	▼ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			İ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization	on		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.			İ
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
Ь	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		N o
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	⊢		· · · ·
.	section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name			W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(1)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		compensation	20.101112	(5)(.)	Form 990 or Form 990-EZ
LINDA K REXER	(1) (11)	133,930 0	0	I -	83,933 0	37,199 0	255,062 0	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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As Filed Data -

DLN: 93493088008501

Employer identification number

38-1459016

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

Name of the organization MICHIGAN STATE BAR FOUNDATION

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Identifier **Explanation** Return Reference Form 990, Part PETER H ELLSWORTH AND W ANTHONY JENKINS ARE MEMBERS OF DICKINSON WRIGHT LAW FIRM E VI, Section A, CHRISTOPHER JOHNSON AND CHARLES TOY ARE BOTH EMPLOYED BY THOMAS M COOLEY LAW SCHOOL JULIE I FERSHTMAN AND MICHAEL G HARRISON ARE BOTH EMPLOYED BY FOSTER SWIFT line 2 COLLINS & SMITH PC

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Membership organization

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		TRUSTEES ARE ELECTED BY THE MEMBERS OR APPOINTED AS PER ORGANIZATION'S ARTICLES OF INCORPORATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE COMPLETED 990 AND RELATED SCHEDULES ARE REVIEWED BY THE DEPUTY DIRECTOR AND EXECUTIVE DIRECTOR FOR ACCURACY AND COMPLETENESS UPON THEIR APPROVAL, THE RETURN IS MADE AVAILABLE TO THE BOARD IN ELECTRONIC FORMAT AFTER CORRECTIONS OR CHANGES ARE MADE, THE RETURN IS FILED WITH THE IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Compliance with the conflict of interest policy is regularly monitored and enforced. Disclosure of conflicts is required on an ongoing basis. In addition, members with a conflict of interest are required to report the conflict. Board minutes will reflect that disclosure was made, that the interested member abstained from voting, the interested member's presence was not counted in determining a quorum, and, if necessary to avoid the conflict, the basis used by the board for making the decision shall be recorded. Board members must also sign the conflict of interest policy annually, acknowledging its receipt, and noting any conflicts known at that time

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The foundation uses a compensation consultant to provide guidance based on periodic detailed studies regarding market-based salary ranges for the foundation's specific staff positions. The consultant also provides annual information regarding appropriate salary adjustments for staff positions. This is consistent with the foundation's board-adopted policy to use market-based compensation. The board determines the specific salary of the executive director, who determines the salaries of other staff. The board also approves an aggregate salary amount in the budget for total compensation expenses. Michigan state bar foundation does not pay any employees. The executive director is compensated by the Michigan State Bar. The deputy director is a leased employee.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		these documents are available upon request

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c	OVERSIGHT OF AUDIT	MICHIGAN STATE BAR FOUNDATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation
		FORM 4562 ELECTION OUT OF BONUS EMPLOYER IDENTIFICATION NUMBER 38-1459016 FOR THE YEAR ENDING SEPTEMBER 30, 2010 MICHIGAN STATE BAR FOUNDATION, HEREBY ELECTS, PURSUANT TO IRC SEC 168(K)(2) (D)(III), NOT TO CLAIM THE ADDITIONAL 50% DEPRECIATION ALLOWABLE UNDER IRC SEC 168(K) FOR THE FOLLOWING QUALIFYING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR ENDING SEPTEMBER 30, 2010 ALL PROPERTY IN THE 5 YEAR CLASS SEE ATTACHED FORM 4562

JUDICIAL PROCEEDINGS AND DECISIONS, THE ELEVATION OF JUDICIAL STANDARDS, THE ADVANCEMENT OF PROFESSIONAL ETHICS, THE IMPROVEMENT OF RELATIONS BETWEEN MEMBERS OF THE BAR, THE JUDICIARY AND THE PUBLIC AND THE PRESERVATION OF THE AMERICAN CONSTITUTIONAL FORM OF GOVERNMENT, EXCLUSIVELY THROUGH EDUCATION, SCIENTIFIC RESEARCH AND PUBLICITY, THE FURTHERANCE OF THE DELIVERY OF LEGAL SERVICES TO THE POOR, AND SUCH PURPOSES AS MAY BE NECESSARY AND PROPER TO PROMOTE IMPROVEMENTS IN THE ADMINISTRATION OF JUSTICE IN THE STATE OF MICHIGAN, THE ACQUISITION FOR SUCH PURPOSES OF SUCH REAL AND PERSONAL PROPERTY AS SHALL, FROM TIME TO TIME, BE NECESSARY, AND OWNING, HOLDING, MORTGAGING, INVESTING, RE-INVESTING, LEASING AND MANAGING OF SUCH PROPERTY, AND THE DOING OF ANY AND ALL THINGS NECESSARY OR INCIDENT TO THE BEST ACCOMPLISHMENT OF ALL THE FOREGOING PURPOSES, PROVIDED, HOWEVER, THAT NONE OF THE FUNDS, PROPERTY OR INCOME OF THE CORPORATION SHALL AT ANY TIME BE USED IN ATTEMPTING TO INFLUENCE	ldentifier	Return Reference	Explanation
OR OTHERWISE FOR THE PRIVATE BENEFIT OF ANY MEMBER OF THE CORPORATION OR ANY OTHER PRIVATE INDIVIDUAL OR CORPORATION TO ACCOMPLISH THE FOREGOING OBJECTIVES THE CORPORATION SHALL ALSO HAVE THE RIGHT TO ACT AS TRUSTEE OF ANY FUNDS OR PROPERTY THAT IT MAY RECEIVE UNDER	Part III,	of organization	DEVISES, MEMBERSHIP CONTRIBUTIONS, AND ALL OTHER FUNDS WHICH MAY BE RECEIVED FROM ANY OTHER SOURCE, TOGETHER WITH ALL INCOME THEREFROM FOR THE ADVANCEMENT OF THE SCIENCE OF JURISPRUDENCE, THE PROMOTION OF IMPROVEMENTS IN THE ADMINISTRATION OF JUSTICE AND UNIFORMITY OF JUDICIAL PROCEEDINGS AND DECISIONS, THE ELEVATION OF JUDICIAL STANDARDS, THE ADVANCEMENT OF PROFESSIONAL ETHICS, THE IMPROVEMENT OF RELATIONS BETWEEN MEMBERS OF THE BAR, THE JUDICIARY AND THE PUBLIC AND THE PRESERVATION OF THE AMERICAN CONSTITUTIONAL FORM OF GOVERNMENT, EXCLUSIVELY THROUGH EDUCATION, SCIENTIFIC RESEARCH AND PUBLICITY, THE FURTHERANCE OF THE DELIVERY OF LEGAL SERVICES TO THE POOR, AND SUCH PURPOSES AS MAY BE NECESSARY AND PROPER TO PROMOTE IMPROVEMENTS IN THE ADMINISTRATION OF JUSTICE IN THE STATE OF MICHIGAN, THE ACQUISITION FOR SUCH PURPOSES OF SUCH REAL AND PERSONAL PROPERTY AS SHALL, FROM TIME TO TIME, BE NECESSARY, AND OWNING, HOLDING, MORTGAGING, INVESTING, RE-INVESTING, LEASING AND MANAGING OF SUCH PROPERTY, AND THE DOING OF ANY AND ALL THINGS NECESSARY OR INCIDENT TO THE BEST ACCOMPLISHMENT OF ALL THE FOREGOING PURPOSES, PROVIDED, HOWEVER, THAT NONE OF THE FUNDS, PROPERTY OR INCOME OF THE CORPORATION SHALL AT ANY TIME BE USED IN ATTEMPTING TO INFLUENCE LEGISLATION OR ACTION BY ANY PUBLIC OFFICER OR THE COURTS BY THE CARRYING ON OF PROPAGANDA OR OTHERWISE FOR THE PRIVATE BENEFIT OF ANY MEMBER OF THE CORPORATION OR ANY OTHER PRIVATE INDIVIDUAL OR CORPORATION TO ACCOMPLISH THE FOREGOING OBJECTIVES THAT IT MAY RECEIVE UNDER SPECIFIC OR LIMITED GIFTS, GRANTS, DEVISES, BEQUESTS, OR AGREEMENTS, AND SHALL HAVE THE RIGHT TO RECEIVE, HOLD AND MANAGE THE SAME UNDER ANY TERMS AND CONDITIONS THEREIN IMPOSED WHICH ARE

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493088008501

OMB No 1545-0172

Department of the Treasury

See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Identifying number Name(s) shown on return Business or activity to which this form relates MICHIGAN STATE BAR FOUNDATION Form 990 Page 10 38-1459016 **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 3 800.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 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 (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 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 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. 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 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 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 7.880 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property 22.175 S/L 1,188 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 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L 39 yrs MMS/L i Nonresidential real property MMS/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 S/L c 40-vear 40 vrs ММ Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 9.068 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the

23

Form 4562 (2009) 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—Depre	ciation ar	nd Other I	nforma	tion (C	aution	: See	the i	nstruct	ions fo	r limi	s fo	r pa	ssenge	er au	tomol	oiles.)
24a Do you have evidence	e to support	the business/in	vestment ι	use claimed	d? ┌Yes	Гпо		24	lb If "Yes	," is the	e ev id	lence	written?	Гүе	s I N	0
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba	rother	(busines	(e) deprecia s/investr e only)		(f) Recovery period	(g) Metho Conver	od/		(h) epreca deduc	ation/		(i) Electe section cost	179
25Special depreciation allow	· ·		erty placed	ın service (during the	tax year	and u	ısed more		25						
50% in a qualified busing	•									25						
26 Property used more	than 50%	in a qualified %	business	use	<u> </u>			l	1	1				1		
		%														
		%														
27 Property used 50%	or less in a		siness us	е										_		
		%							S/L - S/L -					4		
		%							S/L -					┥		
28 Add amounts in col	lumn (h) lir	l l	ıh 27 En	ter here a	and on lu	ne 21	nage	1 -		28						
29 Add amounts in col						, ,	5-		L				29			
29 Add amounts in co	iuiiiii (1), iiiii		ction B			·		f Vah	· ·				29			
Complete this section i	for vehicles									or re	lated	d pers	son			
If you provided vehicles to y														e vehic	es	
30 Total husiness/inv	estment mi	les driven du	rına the		a)		b)		(c)		(d)		(е	•	1	f)
30 Total business/investment miles driven during the year (do not include commuting miles)			_	Vehi	cle 1	Vehi	cle 2	V e	hicle 3	V	ehicl	e 4	Vehic	le 5	5 Vehicle 6	
31 Total commuting miles driven during the year .																
										_						
32 Total other persona	al(noncomm	nuting) miles	drıven													
33 Total miles driven of through 32	during the y · · ·	ear Add line	s 30													
34 Was the vehicle av	aılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No
during off-duty hou	rs? .															
35 Was the vehicle us owner or related pe		by a more t	han 5%													
36 Is another vehicle		r personal us	se? .													
Sectio	n C—Oue	stions for	Emplo	vers W	ho Pro	vide \	/ehi	cles f	or Use	bv T	hei	r En	volar	ees	l	
Answer these question 5% owners or related p	s to determ	iine if you me	et an exc												not mo	re thar
37 Do you maintain a vemployees?	written polic	y statement	that prof	nibits all	personal	use of	vehi	cles, inc	luding c	ommı •	iting,	, by y	our •	Y	es	No
														-		
38 Do you maintain a vemployees? See th		•	•	•												
39 Do you treat all use	of vehicles	s by employe	es as pei	rsonal us	e? .											
40 Do you provide mor				oyees, ol	btaın ınfo	rmatio •	n froi	m your e	employe	es abo	ut th	ne us	e of the			
41 Do you meet the re				automobi	le demor	nstratio	n us	e? (See	ınstruct	ions)						
Note: If your answe	er to 37, 38	, 39, 40, or 4	11 is "Ye	s," do no	t comple	te Sect	ion E	3 for the	covered	lvehid	les					
Part VI Amortiz																
		(b)						(4)		(e)				/4\		
(a) Date Description of costs amortization begins			(c) A mortizable amount			(Code A mortiz period percen			or A morti			(f) tızatıd ıs yea			
42 A mortization of cos	te that has		Ur 2000	tay year	(see inc	truction	٦ς١		I Per		-					
TE A INCIDIZATION OF COS	, is that bey	inis during ye	1	can year	(366 1115		13)									
						-+			_		-					
		1.6	2555								_					
43 A mortization of cos	_					•	•			4:	_					
44 Total. Add amounts	s ın column	(f) See the I	nstructio	ns for wh	ere to re	port				4	4					

Additional Data

Software ID: Software Version:

EIN: 38-1459016

Name: MICHIGAN STATE BAR FOUNDATION

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

4d. Other program s	ervices				
(Code) (Expenses \$	128,840 including gra	nts of \$	99,328) (Revenue \$	102,400)
Department of Huma for federal disability REVENUE FOR THE ENDO WMENT EARN	= =	ed to legal services organi HIP PROGRAM - A MEMB RVICE ACTIVITIES 1,39 PPORTED LAW RELATED	zations to provide rep ERSHIP PROGRAM V P5 ATTORNEYS PAR EDUCATION OTHE EARCH AND PUBLIC	oresentation for clients s VHICH GENERATES UN TICIPATED GRANTS F R PROGRAMS ADMINIS SERVICE PROJECTS T	eeking to qualify RESTRICTED FROM COHN STERED BY THE THAT PROMOTE
(Code) (Expenses \$	ıncludıng gra	nts of \$) (Revenue \$)
FOUNDATION'S PU EARNINGS HAVE T		1,395 ATTORNEYS PAR RELATED EDUCATION FOR RESEARCH AND PU	TICIPATED GRANT OTHER PROGRAMS BLIC SERVICE PRO	S FROM COHN ENDOW ADMINISTERED BY TH JECTS THAT PROMOTE	/MENT E FOUNDATION

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) (C) Average Position (check all hours that apply) per Position (check all hours that apply)							(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
E CHRISTOPHER JOHNSON JR TRUSTEE	1 00	Х						0	0	0		
PETER H ELLSWORTH TRUSTEE	1 00	Х						0	0	0		
MICHAEL G HARRISON TRUSTEE	1 00	Х						0	0	0		
HON HAROLD HOOD TRUSTEE	1 00	Х						0	0	0		
JULIE I FERSHTMAN TRUSTEE	1 00	Х						0	0	0		
THOMAS W CRANMER TRUSTEE	1 00	Х						0	0	0		
HON WILLIAM B MURPHY TRUSTEE	1 00	Х						0	0	0		
RICHARD K RAPPLEYE TRUSTEE	1 00	Х						0	0	0		
HON VICTORIA A ROBERTS TRUSTEE	1 00	Х						0	0	0		
RICHARD A SOBLE TRUSTEE	1 00	Х						0	0	0		
HON MARILYN J KELLY EX-OFFICIO TRUSTEE	1 00	Х						0	0	0		
CHARLES R TO Y EX-OFFICIO TRUSTEE	1 00	Х						0	0	0		
W ANTHONY JENKINS EX-OFFICIO TRUSTEE	1 00	Х						0	0	0		
H RHETT PINSKY TRUSTEE	1 00	Х						0	0	0		
MARGARET J NICHOLS PRESIDENT	1 00	Х		х				0	0	0		
HON ALFRED M BUTZBAUGH VICE PRESIDENT	1 00	Х		х				0	0	0		
LaMONT E BUFFINGTON TREASURER	1 00	Х		Х				0	0	0		
STEFANI A CARTER SECRETARY	1 00	Х		Х				0	0	0		
LINDA K REXER EXECUTIVE DIRECTOR	40 00			х				133,930	0	121,132		
RICHARD WINDER DEPUTY DIRECTOR	40 00			х				100,196	0	8,662		