See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545 1150

2010

Open to Public Inspection

A **For the 2010 calendar year, or tax year beginning** , **2010, and ending** ,

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C
SOUTHEAST DISTRICT BAR ASSOCIATION
12749 NORWALK BLVD. #107
NORWALK, CA 90650-8373

D **Employer identification number**
23-7060681

E Telephone number
562-864-4714

F Group Exemption Number ►

G Accounting Method. [X] Cash [ ] Accrual Other (specify) ► _____

I **Website:** ► N/A

J Tax-exempt status (ck only one) — [ ] 501(c)(3) [X] 501(c) (6) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

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

K Check ► [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 89,214.

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

REVENUE	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	31,131.
	4	Investment income			4	177.
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less. cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)	6b	9,069.		
	c	Less. direct expenses from gaming and fundraising events	6c	18,808.		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	-9,739.
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O) See Schedule O			8	48,837.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	70,406.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	31,178.
	13	Professional fees and other payments to independent contractors			13	5,680.
	14	Occupancy, rent, utilities, and maintenance			14	4,133.
	15	Printing, publications, postage, and shipping			15	495.
	16	Other expenses (describe in Schedule O) See Schedule O			16	34,498.
	17	**Total expenses.** Add lines 10 through 16			17	75,984.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-5,578.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	79,935.
	20	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O			20	-2.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	74,355.

RECEIVED
APR 28 2011
OGDEN, UT

SCANNED MAY 17 2011

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2010)

TEEA0803L 10/26/10

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	54,643.	22	48,751.
23	Land and buildings	25,959.	23	25,051.
24	Other assets (describe in Schedule O) See Schedule O	1,503.	24	1,985.
25	**Total assets**	82,105.	25	75,787.
26	**Total liabilities** (describe in Schedule O) See Schedule O	2,170.	26	1,432.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	79,935.	27	74,355.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? PROMOTION OF HIGHER ETHICAL AND LEGAL STANDAR

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 See Schedule O
(Grants $) If this amount includes foreign grants, check here ► [ ] 28a

29 See Schedule O
(Grants $) If this amount includes foreign grants, check here ► [ ] 29a

30
(Grants $) If this amount includes foreign grants, check here ► [ ] 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ► [ ] 31a

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

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV [X]

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Schedule O				

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

Check if the organization used Schedule O to respond to any question in this Part V [X]

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	*All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► None			

42a The organization's books are in care of ► ADMINISTRATION OFFICE Telephone no ► 562-864-4713

Located at ► 12749 NORWALK BLVD. #107, NORWALK, CA ZIP + 4 ► 90650

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country. ►	42c		X

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► [ ] N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A			
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	45a		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

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

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

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

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date 4/25/11

► Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self employed	PTIN
DAVID R. GAFIN	DAVID R. GAFIN	11/3/11		N/A

Firm's name ► DAVID R. GAFIN, C.P.A.
Firm's address ► 7847 Florence Ave. Ste.#113, Downey, CA 90240
Firm's EIN ► N/A
Phone no (562) 806-3535

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545 0047

2010

Open to Public Inspection

Name of the organization
SOUTHEAST DISTRICT BAR ASSOCIATION

Employer identification number
23-7060681

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

BAR ASSOCIATION - THE PROMOTION OF HIGHER ETHICAL AND LEGAL STANDARDS AND BETTER LEGAL METHODS AND THE ENCOURAGEMENT OF CO-OPERATION BY LAWYERS IN SERVICING THE PUBLIC. PROMOTION OF EDUCATION OF THE LEGAL COMMUNITY AND INFORMING THE PUBLIC OF THEIR SERVICES.

Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

LAWYERS LEGAL SERVICES - REFERRING PERSONS TO COMPETENT LEGAL PROFESSIONALS IN COMMUNITY WHO CAN HELP THEM WITH THEIR LEGAL PROBLEMS WHILE MAKING SURE ATTORNEYS ARE IN GOOD STANDING WITH THE BAR.

SOUTHEAST DISTRICT BAR ASSOCIATION 23-7060681

Form 990-EZ, Part I, Line 8
Other Revenue

REFERRAL FEE INCOME	$	28,562.
CONSULT FEES		7,555.
AD SPONSOR		6,175.
MEMBERSHIP MEETING INCOME		5,215.
MISCELLANOUS		1,120.
ADMINISTRATION FEES		210.
Total	$	48,837.

Form 990-EZ, Part I, Line 16
Other Expenses

BANK CHARGES	$	1,951.
Depreciation		1,632.
DUES AND SUBSCRIPTION		300.
EVENT SUPPORT		350.
Insurance		1,937.
LICENSE AND PERMITS		216.
MARKETING		251.
MEETING EXPENSE-BOARD		2,469.
MEETING EXPENSE-GENERAL		4,329.
MISCELLANEOUS		667.
NEWSLETTER		587.
OFFICE EXPENSE		7,987.
OUTSIDE SERVICES		2,039.
PAYROLL PROCESSING		1,269.
REPAIRS		670.
TAX AND LICENSE		196.
TAXES-PROPERTY		1,343.
TELEPHONE		6,305.
Total	$	34,498.

Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

ROUNDING	$	-2.
Total	$	-2.

Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
Machinery and Equipment	$ 1,503.	$ 1,985.
Total	$ 1,503.	$ 1,985.

SOUTHEAST DISTRICT BAR ASSOCIATION 23-7060681

Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Accounts Payable and Accrued Expenses	$ 0.	$ 45.
PAYROLL TAXES PAYABLE	2,045.	1,262.
REFUND PAYABLE	125.	125.
Total	$ 2,170.	$ 1,432.

SOUTHEAST DISTRICT BAR ASSOCIATION 23-7060681

Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
JOHN BUNNETT 8135 FLORENCE AVE, STE 203 DOWNEY, CA 90240	Trustee 0	$ 0.	$ 0.	$ 0.
MARIA PUENTE-PORRAS 9928 E.. FLOWER STREET, #201 BELLFLOWER, CA 90706	President 0	0.	0.	0.
MARC GIBBONS 14241 E. FIRESTONE BLVD, #400 LA MIRADA, CA 90638	Trustee 0	0.	0.	0.
ROBERT JACOBS 12631 IMPERIAL HWY, A-113 SANTA FE SPRINGS, CA 90670	Trustee 0	0.	0.	0.
DEL HOVDEN 13215 PENN STREET, 100 WHITTIER, CA 90602	President Elect 0	0.	0.	0.
DANIELLE GIBBONS 14241 E. FIRESTONE BLVD, 400 LA MIRADA, CA 90638	Trustee 0	0.	0.	0.
JOSEPH GIBBONS 14241 E. FIRESTONE BLVD, 400 LA MIRADA, CA 90638	Trustee 0	0.	0.	0.
JENNIFER LUMSDAINE 10841 PARAMOUNT BLVD, 300 DOWNEY, CA 90241	Sec./Treasurer 0	0.	0.	0.
SONIA MUIR 1 PARK PLAZA, 600 IRVINE, CA 92614	Vice President 0	0.	0.	0.
ALEX SAAB 10810 PARAMOUNT BLVD, 201 DOWNEY, CA 90241	Trustee 0	0.	0.	0.
DENNIS SAAB 10810 PARAMOUNT BLVD, 202 DOWNEY, CA 90241	Trustee 0	0.	0.	0.
MARIO TRUILLO 10025 E. FLOWER STREET, 3RD FL BELLFLOWER, CA 90706	Trustee 0	0.	0.	0.
	Total	$ 0.	$ 0.	$ 0.