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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable

- X Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: FEDERAL BAR ASSOC PHOENIX CHAPTER
Number and street (or P O box, if mail is not delivered to street address): 2929 N Central Avenue
Room/suite: 2100
City or town, state or country, and ZIP + 4: Phoenix, AZ 85012

D Employer identification number: 86-1030375
E Telephone number
F Group Exemption Number

G Accounting Method X Cash Accrual Other (specify)

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

I Website:

J Tax-exempt status (check only one) - 501(c)(3) X 501(c)(6) (insert no) 4947(a)(1) or 527

K Check X 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

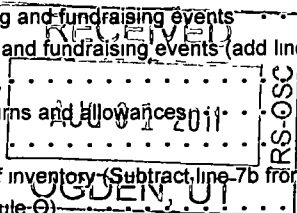
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 47,725

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

Table with 3 columns: Line number, Description, and Amount. Rows include Contributions (29,831), Total revenue (47,725), Total expenses (50,911), and Net assets at end of year (22,274).

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Handwritten initials 'P 11'

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	25,460	22 22,274
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	25,460	25 22,274
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,460	27 22,274

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **TO PROVIDE EDUCATION AND PROF DEV**

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 MONTHLY SPEAKING, EDUCATION AND PROFESSIONAL DEVELOPMENT MEETINGS. ALL MEETINGS PERTAIN TO DEVELOPING MEMBER ATTORNEYS AND IS OPEN TO THE GENERAL PUBLIC ABOUT PERTINENT (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	12,916
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	12,916

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to empl benefit plans & deferred compensation	(e) Expense account and other allowances
See 990_OFOV				
Michael Mason 2929 N Central Avenue, Phoenix AZ 85012	Secretary	STMA01	0	0
Alison Bachus 2929 N Central Avenue, Phoenix AZ 85012	President	STMA02	0	0
Mark Hummels 2929 N Central Avenue, Phoenix AZ 85012	Treasurer	STMA03	0	0
Todd Kartchner 2929 N Central Avenue, Phoenix AZ 85012	Vice President	STMA04	0	0
Dan Kaplan 2929 N Central Avenue, Phoenix AZ 85012	Board Member	STMA05	0	0
Dale Baich 2929 N Central Avenue, Phoenix AZ 85012	Board Member	STMA06	0	0
Honorable Michelle Burns 2929 N Central Avenue, Phoenix AZ 85012	Board Member	STMA07	0	0
Michael Black 2929 N Central Avenue, Phoenix AZ 85012	Board Member	STMA08	0	0
Andrew Breavington 2929 N Central Avenue, Phoenix AZ 85012	Board Member	STMA09	0	0
Paul Burns 2929 N Central Avenue, Phoenix AZ 85012	Board Member	STMA10	0	0
Don Gaffney 2929 N Central Avenue, Phoenix AZ 85012	Board Member	STMA11	0	0
Sid Leach 2929 N Central Avenue, Phoenix AZ 85012	Board Member	STMA12	0	0
Lori Berke 2929 N Central Avenue, Phoenix AZ 85012	Board Member	STMA13	0	0

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

Form 990-EZ (2010) questions 33-44d regarding organization activities, financial accounts, and tax-exempt interest.

45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	Yes	No
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 may need to be completed instead of Form 990-EZ (see instructions)	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

47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	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 & 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"

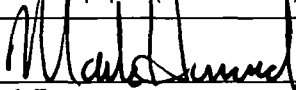
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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: 07-16-2011

Mark Hummels, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Carl N Johnson Jr. Preparer's signature:  Date: 07-16-2011 Check if self-employed PTIN:

Firm's name: One Source Accounting Solutions LLC Firm's EIN:

Firm's address: 2040 S Alma School Rd Suite 1 136 Chandler AZ 85286 Phone no: 602-628-8206

May the IRS discuss this return with the preparer shown above? See Instructions Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

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

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain _____

Federal Supporting Statements

2010 PG01

Name(s) as shown on return

FEIN

FEDERAL BAR ASSOC PHOENIX CHAPTER

86-1030375

**Form 990EZ, Part IV
Compensation Explanation**

Statement #A01

Name

Michael Mason

Explanation

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

**Form 990EZ, Part IV
Compensation Explanation**

PG01
Statement #A02

Name

Alison Bachus

Explanation

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

**Form 990EZ, Part IV
Compensation Explanation**

PG01
Statement #A03

Name

Mark Hummels

Explanation

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

Federal Supporting Statements**2010 PG01**

Name(s) as shown on return

FEIN

FEDERAL BAR ASSOC PHOENIX CHAPTER

86-1030375

**Form 990EZ, Part IV
Compensation Explanation**

Statement #A04

Name

Todd Kartchener

Explanation

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

**Form 990EZ, Part IV
Compensation Explanation**PG01
Statement #A05**Name**

Dan Kaplan

Explanation

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

**Form 990EZ, Part IV
Compensation Explanation**PG01
Statement #A06**Name**

Dale Baich

Explanation

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

Federal Supporting Statements

2010 PG01

Name(s) as shown on return

FEIN

FEDERAL BAR ASSOC PHOENIX CHAPTER

86-1030375

**Form 990EZ, Part IV
Compensation Explanation**

Statement #A07

Name

Honorable Michelle Burns

Explanation

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

**Form 990EZ, Part IV
Compensation Explanation**

PG01
Statement #A08

Name

Michael Black

Explanation

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

**Form 990EZ, Part IV
Compensation Explanation**

PG01
Statement #A09

Name

Andrew Breavington

Explanation

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

Federal Supporting Statements

2010 PG01

Name(s) as shown on return

FEIN

FEDERAL BAR ASSOC PHOENIX CHAPTER

86-1030375

**Form 990EZ, Part IV
Compensation Explanation**

Statement #A10

Name

Paul Burns

Explanation

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

**Form 990EZ, Part IV
Compensation Explanation**

PG01
Statement #A11

Name

Don Gaffney

Explanation

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

**Form 990EZ, Part IV
Compensation Explanation**

PG01
Statement #A12

Name

Sid Leach

Explanation

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

Federal Supporting Statements

2010 PG01

Name(s) as shown on return

FEIN

FEDERAL BAR ASSOC PHOENIX CHAPTER

86-1030375

**Form 990EZ, Part IV
Compensation Explanation**

Statement #A13

Name

Lori Berke

Explanation

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

**Form 990EZ, Part IV
Compensation Explanation**

PG01
Statement #A14

Name

Kevin Bonner

Explanation

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

**Form 990EZ, Part IV
Compensation Explanation**

PG01
Statement #A15

Name

Raynette Logan

Explanation

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

Federal Supporting Statements

2010 PG01

Name(s) as shown on return

FEIN

FEDERAL BAR ASSOC PHOENIX CHAPTER

86-1030375

**Form 990EZ, Part IV
Compensation Explanation**

Statement #A16

Name

Shane Olafson

Explanation

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

**Form 990EZ, Part IV
Compensation Explanation**

PG01
Statement #A17

Name

Nina Rivera

Explanation

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

**Form 990EZ, Part IV
Compensation Explanation**

PG01
Statement #A18

Name

David Rosenbaum

Explanation

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

Federal Supporting Statements

2010 PG01

Name(s) as shown on return

FEIN

FEDERAL BAR ASSOC PHOENIX CHAPTER

86-1030375

**Form 990EZ, Part IV
Compensation Explanation**

Statement #A19

Name

Jon Sands

Explanation

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

**Form 990EZ, Part IV
Compensation Explanation**

**PG01
Statement #A20**

Name

Geoffrey Stuff

Explanation

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

**Form 990EZ, Part IV
Compensation Explanation**

**PG01
Statement #A21**

Name

Richard Trujillo

Explanation

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

Federal Supporting Statements

2010 PG01

Name(s) as shown on return

FEIN

FEDERAL BAR ASSOC PHOENIX CHAPTER

86-1030375

**Form 990EZ, Part IV
Compensation Explanation**

Statement #A22

Name

Diana Crespo Weaver

Explanation

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

