

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STATE BAR OF ARIZONA		D Employer identification number 86-6000294
	Doing business as		E Telephone number 602-340-7392
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	4201 N 24TH STREET		
	City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85016-6266		G Gross receipts \$ 19,923,593.
F Name and address of principal officer: JOEL F ENGLAND SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.AZBAR.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1933
			M State of legal domicile: AZ

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: REGULATES ACTIVE ATTORNEYS IN AZ & PROVIDES EDUCATION/DEVELOPMENT FOR THE LEGAL PROFESSION & PUBLIC.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	128
	6 Total number of volunteers (estimate if necessary)	6	2198
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,167,300.
b Net unrelated business taxable income from Form 990-T, line 38	7b	136,537.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	30,713.	6,279.
	9 Program service revenue (Part VIII, line 2g)	16,587,286.	16,549,269.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,420.	83,137.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	498,288.	667,756.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,173,707.	17,306,441.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	331,511.	684,946.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,343,319.	9,474,139.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,231,531.	7,155,460.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,906,361.	17,314,545.	
19 Revenue less expenses. Subtract line 18 from line 12	1,267,346.	-8,104.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 20,858,968.	End of Year 20,400,740.
	21 Total liabilities (Part X, line 26)	4,898,612.	4,448,488.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,960,356.	15,952,252.

Part II Signature Block

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		
	KATHY L. GERHART, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMY A. O'LOUGHLIN	Preparer's signature	Date 11/14/19	Check if self-employed <input type="checkbox"/>	PTIN P00869687
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 34-1884125	Phone no. 602-264-6835		
Firm's address ▶ 4722 N 24TH ST, STE 300 PHOENIX, AZ 85016					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE STATE BAR OF ARIZONA IS A PRIVATE/NON-PROFIT ORGANIZATION THAT EXISTS TO SERVE AND PROTECT THE PUBLIC WITH RESPECT TO THE PROVISION OF LEGAL SERVICES AND ACCESS TO JUSTICE. CONSISTENT WITH THESE GOALS, THE STATE BAR OF ARIZONA SEEKS TO IMPROVE THE (CONTINUED ON SCH O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) REGULATORY - PURSUANT TO RULE 32 OF THE SUPREME COURT OF ARIZONA, THE STATE BAR OF ARIZONA ASSISTS THE COURT WITH THE REGULATION AND DISCIPLINE OF PERSONS ENGAGED IN THE PRACTICE OF LAW. THE STATE BAR RECEIVES, SCREENS, AND INVESTIGATES COMPLAINTS AGAINST ATTORNEYS, WHICH MAY BE DISMISSED, REQUIRE REMEDIAL ACTION OR LEAD TO MORE FORMAL PROCEEDINGS RESULTING IN VARIOUS FORMS OF DISCIPLINE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) COMPLIANCE - PURSUANT TO RULE 32 OF THE SUPREME COURT OF ARIZONA, THE STATE BAR IS CHARGED WITH ENSURING THE COMPETENCY OF LAWYERS. CONSISTENT WITH RULE 44, LEGAL SPECIALIZATION, THE STATE BAR ADMINISTERS A PROGRAM THROUGH THE BOARD OF LEGAL SPECIALIZATION IN ORDER TO IMPROVE THE QUALITY OF LEGAL SERVICES. ADDITIONALLY, IN ACCORDANCE WITH RULE 45, MANDATORY CONTINUING LEGAL EDUCATION, THE STATE BAR ENSURES ACTIVE MEMBERS COMPLETE REQUIRED CONTINUING LEGAL EDUCATION ON AN ANNUAL BASIS. THE STATE BAR ALSO ASSISTS IN PROCESSING PRO HAC VICE ADMISSIONS UNDER RULE 39 AND PROCESSES IN HOUSE COUNSEL REGISTRATIONS UNDER RULE 38.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) PROFESSIONAL DEVELOPMENT - PURSUANT TO RULE 32 OF THE SUPREME COURT OF ARIZONA, THE STATE BAR IS TO CONDUCT EDUCATIONAL PROGRAMS REGARDING SUBSTANTIVE LAW, BEST PRACTICES, PROCEDURE AND ETHICS AND PROVIDE FORUMS FOR DISCUSSION REGARDING THE ADMINISTRATION OF JUSTICE AND PRACTICE OF LAW. THE STATE BAR IS ALSO RESPONSIBLE FOR FOSTERING IDEALS OF INTEGRITY, LEARNING, COMPETENCE, AND PUBLIC SERVICE AMONG ATTORNEYS AND SERVE THE PROFESSIONAL NEEDS OF ITS MEMBERS. THE STATE BAR FOSTERS PROFESSIONAL DEVELOPMENT OF ATTORNEYS THROUGH OPPORTUNITIES TO SERVE ON ADVISORY GROUPS, COMMITTEES, SECTIONS, AND TASK FORCES, AND BY PROVIDING CONTINUING LEGAL EDUCATION, PRACTICE MANAGEMENT ASSISTANCE, LEGAL RESOURCES AND VARIOUS OTHER MEMBER SERVICES.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d 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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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>		X
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 "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line numbers, descriptions, and Yes/No checkboxes. Includes lines 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers, descriptions, and Yes/No checkboxes. Includes lines 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY WILLIS PRESIDENT	7.50	X		X			0.	0.	0.	
(2) BRIAN Y. FURUYA PRESIDENT-ELECT	7.50	X		X			0.	0.	0.	
(3) LORI A. HIGUERA (AT-LARGE) VICE PRESIDENT	7.50	X		X			0.	0.	0.	
(4) DENIS M FITZGIBBONS SECRETARY-TREASURER	7.50	X		X			0.	0.	0.	
(5) GEOFFREY BALON BOARD MEMBER	5.50	X					0.	0.	0.	
(6) TYLER J. CARRELL BOARD MEMBER	5.50	X					0.	0.	0.	
(7) DAVID WM. ENGELMAN BOARD MEMBER	5.50	X					0.	0.	0.	
(8) HECTOR M. FIGUEROA BOARD MEMBER	5.50	X					0.	0.	0.	
(9) SHARON A. FLACK BOARD MEMBER	5.50	X					0.	0.	0.	
(10) PATRICK K. GREENE BOARD MEMBER	5.50	X					0.	0.	0.	
(11) DOREEN MCPAUL BOARD MEMBER	5.50	X					0.	0.	0.	
(12) ROBERT J. MCWHIRTER BOARD MEMBER	55.00	X					0.	0.	0.	
(13) JENNIFER R. REBHOLZ BOARD MEMBER	5.50	X					0.	0.	0.	
(14) SAMUAL J. SAKS BOARD MEMBER	5.50	X					0.	0.	0.	
(15) DEE-DEE SAMET BOARD MEMBER	5.50	X					0.	0.	0.	
(16) JESSICA S. SANCHEZ BOARD MEMBER	5.50	X					0.	0.	0.	
(17) SARA A. SIESCO BOARD MEMBER	5.50	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JIMMIE DEE SMITH BOARD MEMBER	5.50	X					0.	0.	0.	
(19) BENJAMIN P. TAYLOR, II BOARD MEMBER	5.50	X					0.	0.	0.	
(20) GAETANO TESTINI BOARD MEMBER	5.50	X					0.	0.	0.	
(21) ROBYN M. AUSTIN (PUBLIC) BOARD MEMBER	5.50	X					0.	0.	0.	
(22) JASON E. COBB (PUBLIC) BOARD MEMBER	5.50	X					0.	0.	0.	
(23) JOHN W. GORDON (PUBLIC) BOARD MEMBER	5.50	X					0.	0.	0.	
(24) ANNA C. THOMASSON (PUBLIC) BOARD MEMBER	5.50	X					0.	0.	0.	
(25) DAVID K. BYERS (AT-LARGE) BOARD MEMBER	5.50	X					0.	0.	0.	
(26) PAUL SENSEMAN (AT-LARGE) BOARD MEMBER	5.50	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,420,951.	0.	174,838.	
d Total (add lines 1b and 1c)							1,420,951.	0.	174,838.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 16

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
INREACH, 5301 SOUTHWEST PARKWAY, STE 160, AUSTIN, TX 78735	CONTINUING PROF LEGAL EDUCATION WEBSITE	302,059.
TECH DATA DELAWARE INC., 2424 WEST DESERT COVE AVE, PHOENIX, AZ 85029	IT CONSULTANT	183,394.
MICHAEL JAMES 4678 N 206 LN, BUCKEYE, AZ 85396	IT CONSULTANT	176,640.
SHELDON FRANK JOSEPH DBA S F JOSEPH, LLC 2038 S ASH CIRCLE, MESA, AZ 85202	IT CONSULTANT	165,525.
SOFTWARE MANAGEMENT CONSULTANTS INC., 500 N BRAND BLVD, SUITE 1100, GLENDALE, CA	BUSINESS ANALYST	135,667.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ALEX B. VAKULA (THRU 6/2018) PRESIDENT	7.50	X		X				0.	0.	0.
(28) DANIEL J. MAZZA (THUR 6/2018) BOARD MEMBER	5.50	X						0.	0.	0.
(29) POURIA PAKNEJAD (THRU 2/1/2018) BOARD MEMBER	5.50	X						0.	0.	0.
(30) JOHN F. PHELPS CEO	55.00			X				215,674.	0.	32,220.
(31) KATHY L. GERHART CFO	55.00			X				130,573.	0.	33,515.
(32) MARET VESSELLA CHIEF BAR COUNSEL/DEPUTY EXECUTIVE D	50.00			X				169,427.	0.	12,092.
(33) LORI MAXWELL CHIEF INFORMATION OFFICER	55.00				X			126,293.	0.	26,968.
(34) LISA FONTES ADVERTISING SALES MANAGER	50.00				X			151,614.	0.	10,552.
(35) ELIZABETH H. DEANE CHIEF MEMBER SERVICES OFFICER	50.00				X			144,027.	0.	21,461.
(36) AMY REHM DEPUTY CHIEF BAR COUNSEL	50.00				X			140,834.	0.	20,406.
(37) RICHARD DEBRUHL CHIEF COMMUNICATIONS OFFICER	50.00				X			115,405.	0.	17,624.
(38) JOHN A FURLONG FORMER KEY EMPLOYEE	0.00					X		227,104.	0.	0.
Total to Part VII, Section A, line 1c								1,420,951.		174,838.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,279.				
	g Noncash contributions included in lines 1a-1f: \$		6,279.				
	h Total. Add lines 1a-1f		6,279.				
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code 900099	10,932,415.	10,932,415.			
	b PROFESSIONAL DEVELOPME	611430	4,068,766.	2,981,304.	1,087,462.		
	c COMPLIANCE	541800	901,600.	901,600.			
	d ASSESSMENTS	900099	439,448.	439,448.			
	e REGULATORY	900099	187,990.	187,990.			
	f All other program service revenue	900099	19,050.	19,050.			
	g Total. Add lines 2a-2f		16,549,269.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		95,719.			95,719.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		130,273.	59,965.	70,308.		
	6 a Gross rents	(i) Real	538,087.				
		(ii) Personal					
		b Less: rental expenses	27,600.				
		c Rental income or (loss)	510,487.				
	d Net rental income or (loss)		510,487.			510,487.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,576,970.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	2,576,970.	12,582.			
		c Gain or (loss)	0.	-12,582.			
	d Net gain or (loss)		-12,582.			-12,582.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a PARKING INCOME (OFFICE	900099	11,490.			11,490.		
	b TUCSON PARKING LOT	900099	9,530.		9,530.		
	c MISCELLANEOUS	900099	5,976.		5,976.		
	d All other revenue						
e Total. Add lines 11a-11d		26,996.					
12 Total revenue. See instructions		17,306,441.	15,521,772.	1,167,300.	611,090.		

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	131,989.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	552,957.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	595,786.			
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	7,063,569.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	485,740.			
9 Other employee benefits	763,116.			
10 Payroll taxes	565,928.			
11 Fees for services (non-employees):				
a Management				
b Legal	112,747.			
c Accounting	40,685.			
d Lobbying	23,400.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,467,710.			
12 Advertising and promotion	77,695.			
13 Office expenses	749,145.			
14 Information technology	859,003.			
15 Royalties				
16 Occupancy	782,970.			
17 Travel	94,421.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,331,881.			
20 Interest	97.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	908,606.			
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK/CREDIT CARD FEES	346,182.			
b TRAINING AND DEVELOPMEN	190,000.			
c MEMBER RESEARCH TOOL	80,004.			
d FEDERAL UBIT TAXES	25,670.			
e All other expenses _____	65,244.			
25 Total functional expenses. Add lines 1 through 24e	17,314,545.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,296,047.	1	2,458,108.
	2 Savings and temporary cash investments	5,582,961.	2	6,088,146.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	40,333.	4	70,559.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	82,723.	8	84,818.
	9 Prepaid expenses and deferred charges	460,217.	9	436,795.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,984,869.		
	b Less: accumulated depreciation	10b 7,226,769.	10,803,290.	10c 10,758,100.
	11 Investments - publicly traded securities		11	
	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	593,397.	15	504,214.
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,858,968.	16	20,400,740.	
Liabilities	17 Accounts payable and accrued expenses	1,947,430.	17	1,589,525.
	18 Grants payable		18	
	19 Deferred revenue	2,329,228.	19	2,415,457.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	621,954.	25	443,506.
	26 Total liabilities. Add lines 17 through 25	4,898,612.	26	4,448,488.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,960,356.	27	15,952,252.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	15,960,356.	33	15,952,252.	
34 Total liabilities and net assets/fund balances	20,858,968.	34	20,400,740.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,306,441.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,314,545.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,104.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,960,356.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,952,252.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 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.
- 3a** 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2018)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">STATE BAR OF ARIZONA</p>	Employer identification number <p style="text-align: center;">86-6000294</p>
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2018**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	10,121,375.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	23,400.
b Carryover from last year	2b	
c Total	2c	23,400.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	50,607.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-27,207.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization STATE BAR OF ARIZONA **Employer identification number** 86-6000294

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, 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 the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 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 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,753,943.		1,753,943.
b Buildings		7,739,696.	2,823,706.	4,915,990.
c Leasehold improvements		5,054,035.	1,840,501.	3,213,534.
d Equipment		2,038,271.	1,628,745.	409,526.
e Other		1,398,924.	933,817.	465,107.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,758,100.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT SECURITY DEPOSIT	28,557.
(3) DEFERRED COMPENSATION OBLIGATIONS	414,949.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	443,506.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	17,334,041.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	27,600.	
e	Add lines 2a through 2d		2e	27,600.
3	Subtract line 2e from line 1		3	17,306,441.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	17,306,441.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	17,342,145.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	27,600.	
e	Add lines 2a through 2d		2e	27,600.
3	Subtract line 2e from line 1		3	17,314,545.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	17,314,545.

Part XIII Supplemental Information.

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

SBA IS ORGANIZED AS AN ARIZONA NON-PROFIT CORPORATION. THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT SBA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(6). MANAGEMENT HAS DETERMINED THE CPF IS A GRANTOR TRUST AND AS SUCH IT IS DISREGARDED ENTITY TREATED AS A DIVISION OF SBA SOLELY FOR INCOME TAX PURPOSES. ACCORDINGLY, CONTRIBUTIONS TO EITHER ORGANIZATION DO NOT QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A). THE COMBINED ENTITY IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE COMBINED ENTITY IS GENERALLY SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT

Part XIII Supplemental Information (continued)

ARE UNRELATED TO THEIR EXEMPT PURPOSES AND IT FILES AN EXEMPT ORGANIZATION

BUSINESS INCOME TAX RETURN (IRS FORM 990-T) AND THE ARIZONA EQUIVALENT

(FORM 99-T) TO REPORT ITS UNRELATED BUSINESS TAXABLE INCOME.

SBA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY MATERIAL INCOME TAX

POSITIONS TAKEN, AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

THAT ARE MATERIAL TO THE CONSOLIDATED THE FINANCIAL STATEMENTS. SBA WOULD

RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED

TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND

PENALTIES ARE INCURRED. THE ORGANIZATION'S FEDERAL FORM 990-T AND ARIZONA

FORM 99-T ARE NO LONGER SUBJECT TO TAX EXAMINATION FOR YEARS BEFORE 2015

AND 2014, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE MOVED TO REVENUES 27,600.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE MOVED TO REVENUES 27,600.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization STATE BAR OF ARIZONA Employer identification number 86-6000294

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARIZONA FOUNDATION FOR LEGAL SERVICES & EDUCATION - 4201 N 24TH STREET SUITE 210 - PHOENIX, AZ 85016	95-3351710	501(C)(3)	60,021.	60,110.	RENT REDUCTION PER LEASE; ADVERTISING - FMV;		SUPPORT PROBONO LEGAL \$55,000 SERVICES & OTHER \$3,460 EXISTING PROGRAMS \$1,650

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TAX SECTION SCHOLARSHIP	3	3,000.	0.		
CRIMINAL JUSTICE SECTION SCHOLARSHIP	3	2,050.	0.		
CLIENT PROTECTION FUND (CPF)	62	547,907.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

A MEMORANDUM OF UNDERSTANDING OF SHARED INITIATIVES BETWEEN THE STATE BAR OF ARIZONA AND THE ARIZONA FOUNDATION FOR LEGAL SERVICES & EDUCATION (AZFLSE) DOCUMENTS THE AGREEMENT REGARDING THE AMOUNT AND TYPE OF ASSISTANCE PROVIDED TO THE ASFLSE.

PART III

SCHOLARSHIPS ARE SPONSORED BY THE FOLLOWING SECTIONS (1) TAX AND (2) CRIMINAL JUSTICE. LAW SCHOOL STUDENTS MUST SUBMIT APPLICATIONS OR

Part IV Supplemental Information

ESSAYS TO RECEIVE THE SCHOLARSHIP. THE APPLICATIONS OR ESSAYS ARE
REVIEWED BY A COMMITTEE COMPRISED OF MEMBERS OF THAT SECTION AND
RECIPIENTS ARE SELECTED. IN SOME CASES, THE USE OF THE MONEY IS
RESTRICTED BY THE SECTION, MAKING THE CHECK DIRECTLY PAYABLE TO THE LAW
SCHOOL DIRECTLY. THERE ARE CERTAIN SCHOLARSHIPS THAT ARE PAID DIRECTLY
TO THE STUDENT WITH NO RESTRICTIONS ON HOW IT IS USED. THE TRUSTEES OF
THE CLIENT PROTECTION FUND OF THE STATE BAR OF ARIZONA CONSIDERS CLAIMS
ALLEGING A LOSS OF MONEY OR PROPERTY DUE TO THE DISHONEST CONDUCT OF A
LAWYER ACTING AS A LAWYER OR FIDUCIARY TO THE CLAIMANT. THE DECLARATION
OF TRUST ESTABLISHES THE EVENTS BY WHICH A CLAIM MAY BE CONSIDERED FOR
PAYMENT, AND THE MAXIMUM AWARD AMOUNT PER CLAIMANT AND AGGREGATE CLAIMS
AGAINST ANY ONE LAWYER.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
STATE BAR OF ARIZONA

Employer identification number
86-6000294

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
 If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?
 If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN F. PHELPS CEO	(i)	206,661.	0.	9,013.	15,376.	16,844.	247,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHY L. GERHART CFO	(i)	121,860.	0.	8,713.	10,217.	23,298.	164,088.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARET VESSELLA CHIEF BAR COUNSEL/DEPUTY EXECUTIVE D	(i)	160,938.	0.	8,489.	8,968.	3,124.	181,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LORI MAXWELL CHIEF INFORMATION OFFICER	(i)	125,494.	0.	799.	7,792.	19,176.	153,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LISA FONTES ADVERTISING SALES MANAGER	(i)	55,620.	94,770.	1,224.	10,552.	0.	162,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELIZABETH H. DEANE CHIEF MEMBER SERVICES OFFICER	(i)	134,874.	0.	9,153.	10,367.	11,094.	165,488.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AMY REHM DEPUTY CHIEF BAR COUNSEL	(i)	140,189.	0.	645.	10,667.	9,739.	161,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN A FURLONG FORMER KEY EMPLOYEE	(i)	0.	0.	227,104.	0.	0.	227,104.	227,104.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

SBA HAS WRITTEN WELLNESS PROGRAM TO SUPPORT A HEALTHY LIFESTYLE. SBA WILL REIMBURSE UP TO \$75 PER QUARTER FOR MONTHLY FEES. ALL EMPLOYEES ARE ELIGIBLE.

PART I, LINE 4:

JOHN FURLONG, A FORMER KEY EMPLOYEE RECEIVED A DISTRIBUTION FROM A 457(B) IN THE AMOUNT OF \$227,104

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

STATE BAR OF ARIZONA

Employer identification number

86-6000294

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADMINISTRATION OF JUSTICE AND THE COMPETENCY, ETHICS, AND

PROFESSIONALISM OF LAWYERS PRACTICING IN ARIZONA.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ACCESS TO JUSTICE - PURSUANT TO RULE 32 OF THE SUPREME COURT OF

ARIZONA, THE STATE BAR MISSION INCLUDES ACCESS TO JUSTICE, WHICH

INVOLVES EFFORTS TO IMPROVE ACCESS TO OUR LEGAL SYSTEM FOR ALL

ARIZONIANS. THE BAR CARRIES OUT THIS TASK THROUGH ITS PUBLIC SERVICE

CENTER BY SUPPORTING VARIOUS LEGAL AID ORGANIZATIONS, ASSISTING WITH

ACCESS TO ATTORNEYS, WORKING TO EDUCATE THE PUBLIC ABOUT THE LEGAL

PROCESS, AND BY SUPPORTING THE SUPREME COURT'S ACCESS TO JUSTICE

COMMISSION.

PUBLICATIONS: (1) ARIZONA ATTORNEY - MONTHLY MAGAZINE WITH SUBSTANTIVE

ARTICLES ABOUT LEGAL ISSUES AND TOPICS THAT AFFECT THE LEGAL

PROFESSION; (2) ELEGAL - SERIES OF ELECTRONIC NEWSLETTERS UPDATING

MEMBERS ON LEGAL NEWS, ISSUES, ETHICS OPINIONS AND COURT CASES.

THE CLIENT PROTECTION FUND OF THE STATE BAR OF ARIZONA IS A TRUST AND,

AS SUCH, IS TECHNICALLY A SEPARATE LEGAL ENTITY FROM THE STATE BAR OF

ARIZONA. HOWEVER, BECAUSE THE STATE BAR HAS AN ADMINISTRATIVE ROLE, IT

IS INCLUDED IN THE STATE BAR'S FEDERAL INCOME TAX REPORTING. THE CLIENT

PROTECTION FUND EXISTS TO PROMOTE THE PUBLIC CONFIDENCE IN THE

ADMINISTRATION OF JUSTICE AND THE INTEGRITY OF THE LEGAL PROFESSION BY

REIMBURSING LOSSES CAUSED BY THE DISHONEST CONDUCT OF LAWYERS ADMITTED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization STATE BAR OF ARIZONA	Employer identification number 86-6000294
--	--

AND LICENSED TO PRACTICE IN ARIZONA. IN 2018 THE ORGANIZATION PROVIDED

ASSISTANCE TO 62 CLAIMS FILED WITH THE FUND.

FORM 990, PART VI, SECTION A, LINE 6:

AS PROVIDED IN RULE 32 (C) OF THE RULES OF THE SUPREME COURT OF ARIZONA AND

THE BYLAWS OF THE CORPORATION, MEMBERSHIP IS DIVIDED INTO FIVE CLASSES:

ACTIVE, INACTIVE, RETIRED, SUSPENDED AND JUDICIAL. EVERY PERSON LICENSED TO

PRACTICE LAW IN THE STATE OF ARIZONA IS AN ACTIVE MEMBER EXCEPT FOR PERSONS

WHO ARE INACTIVE, RETIRED, SUSPENDED OR JUDICIAL MEMBERS. ALL PERSONS

ADMITTED TO PRACTICE IN ACCORDANCE WITH THE RULES OF THE COURT SHALL, BY

THAT FACT, BECOME ACTIVE MEMBERS OF THE STATE BAR. UPON ADMISSION, THE

APPLICANT MUST PAY A FEE AS REQUIRED BY THE SUPREME COURT AND AN ANNUAL

MEMBERSHIP FEE TO MAINTAIN MEMBERSHIP STATUS. MEMBERS HAVE LIMITED RIGHTS

TO VOTE ON CERTAIN ISSUES REGARDING THE GOVERNANCE OF THE ORGANIZATION AND

DO NOT RECEIVE ANY OF THE ORGANIZATION'S PROFITS, EXCESS DUES, OR RECEIVE A

SHARE OF THE ORGANIZATION'S NET ASSETS UPON DISSOLUTION.

FORM 990, PART VI, SECTION A, LINE 7A:

PER RULE 32, (19) ON THE BOARD OF GOVERNORS ARE ELECTED BY MEMBERS IN

SPECIFIED DISTRICTS, (3) AT-LARGE MEMBERS ARE APPOINTED BY THE SUPREME

COURT, AND (4) ARE PUBLIC MEMBERS WHO ARE NOT MEMBERS OF THE BAR AND ARE

APPOINTED BY THE BOARD OF GOVERNORS.

FORM 990, PART VI, SECTION A, LINE 7B:

RULE 32 (ORGANIZATION OF THE STATE BAR OF ARIZONA) OF THE RULES OF THE

ARIZONA SUPREME COURT GOVERN THE MISSION, COMPOSITION OF THE BOARD OF

DIRECTOR, MEMBERSHIP CLASSES, MEMBERSHIP FEES AND REQUIRE OVERSIGHT BY THE

ARIZONA SUPREME COURT. MEMBERSHIP FEES ARE ESTABLISHED BY THE BOARD WITH

Name of the organization STATE BAR OF ARIZONA	Employer identification number 86-6000294
--	--

THE CONSENT OF THE SUPREME COURT OF ARIZONA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHIEF FINANCIAL OFFICER REVIEWS THE RETURN WITH THE TAX PREPARER. A COMPLETE COPY OF THE FINAL FORM 990 IS PROVIDED TO THE CEO/EXECUTIVE DIRECTOR AND MEMBERS OF THE BOARD OF GOVERNORS FOR REVIEW PRIOR TO THE FILING OF THE RETURN. THE FINANCE AND AUDIT, AND THE SCOPE AND OPERATIONS COMMITTEES ARE ALSO PROVIDED WITH A COMPLETE COPY OF THE FINAL FORM 990 FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE STATE BAR OF ARIZONA HAS A WRITTEN CONFLICT OF INTEREST POLICY. THIS POLICY IS DISCUSSED WITH ALL NEW EMPLOYEES AND NEW BOARD MEMBERS. ALL EMPLOYEES ARE REQUIRED TO SIGN A WRITTEN STATEMENT THAT THEY HAVE READ THE POLICY. IN ADDITION, THE STATE BAR HAS A MANDATORY ANNUAL ETHICS TRAINING. EACH EMPLOYEE IS RESPONSIBLE FOR COMING FORWARD WITH A POTENTIAL CONFLICT OF INTEREST OR REPORTING POSSIBLE CONFLICTS THAT THEY MAY BE AWARE OF. THE DEPARTMENT OR DIVISION HEAD IS RESPONSIBLE FOR REVIEWING POTENTIAL CONFLICTS. IF IT INVOLVES A DIVISION HEAD, REVIEW RESIDES WITH THE CEO/EXECUTIVE DIRECTOR. IF IT INVOLVES THE CEO/EXECUTIVE DIRECTOR, REVIEW RESIDES WITH THE BOARD PRESIDENT. ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS AT THE BEGINNING OF THE BOARD OF GOVERNORS TERM YEAR. IF A PERSON IS IDENTIFIED WITH A CONFLICT, HE OR SHE IS REMOVED FROM THE VETTING AND DECISION-MAKING PROCESS RELATED TO THAT CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization STATE BAR OF ARIZONA	Employer identification number 86-6000294
--	--

THE EXECUTIVE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF ACTIVE BOARD MEMBERS, SETS AND ADJUSTS THE SALARY OF THE CEO/ED. THE CEO/ED SALARY IS REVIEWED ANNUALLY. THE POLICY ALLOWS THE BOARD TO SEEK ASSISTANCE FROM OUTSIDE ADVISORS AND CONSULTANTS TO OBTAIN OBJECTIVE AND MARKET-BASED DATA, SUCH AS COMPENSATION STUDIES, INDEPENDENT FIRMS, ETC. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS RESEARCH PROVIDED BY AN INDEPENDENT CONSULTANT AND MAKES RECOMMENDATIONS TO THE BOARD. THE BOARD THEN VOTES TO APPROVE, MODIFY, OR REJECT THE RECOMMENDATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATIONS ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL INFORMATION IS ALSO PUBLISHED ANNUALLY IN OUR MAGAZINE. AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VII, SECTION A

LISA FONTES, AS ADVERTISING MANAGER FOR THE STATE BAR OF ARIZONA, RECEIVED REPORTABLE COMPENSATION CONSISTING OF \$55,620 IN BASE PAY, \$1,224 IN OTHER COMPENSATION AND \$94,470 IN COMMISSIONS AND INCENTIVE PAY.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization <p style="text-align: center;">STATE BAR OF ARIZONA</p>	Employer identification number <p style="text-align: center;">86-6000294</p>
---	---

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CLIENT PROTECTION FUND OF THE STATE BAR OF ARIZONA - 47-6411607, 4201 N 24TH STREET SUITE 100, PHOENIX, AZ 85016	PROMOTE PUBLIC CONFIDENCE IN LEGAL PROFESSION	ARIZONA	460,617.	2,347,981.	STATE BAR OF ARIZONA

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for providing supplemental information.