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Department of the Treasury

EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.



18,441,181.

Yes X No

No

26

26

129

0.

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0.

1716

1,366,030.

17,229,426.

18,219,999.

Current Year

148,419.

208,938.

781,635.

340,313.

9,803,773.

5,605,119.

2,470,794.

25,484,878.

5,029,699.

20,455,179.

15,749,205.

End of Year

Yes

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change STATE BAR OF ARIZONA Name change 86-6000294 Doing business as Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 4201 N 24TH STREET 100 602-340-7392 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended PHOENIX, AZ 85016-6266 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOEL F. ENGLAND for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? 501(c)(3) X 501(c) (6 527 Tax-exempt status:) (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: WWW.AZBAR.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1933 M State of legal domicile: AZ Part I Summary Briefly describe the organization's mission or most significant activities: REGULATES ACTIVE ATTORNEYS IN AZ 1 Governance & PROVIDES EDUCATION/DEVELOPMENT FOR THE LEGAL PROFESSION & PUBLIC 2 Check this box 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 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year** 0 Contributions and grants (Part VIII, line 1h) 8 Revenue 15,796,042. 9 Program service revenue (Part VIII, line 2g) 47,419 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 728,768 11 16,572,229 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 225,459 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,887,801. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 5,479,572, Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 15,592,832. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 979,397. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** 23,202,954, 20 Total assets (Part X, line 16) 5,452,405 21 Total liabilities (Part X, line 26) let 17,750,549. 22 Net assets or fund balances. Subtract line 21 from line 20 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.

Signature of officer Date Sign KATHY GERHART, CFO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature AMY A. O'LOUGHLIN 11/20/22 P00869687 Paid self-employed Firm's name CBIZ MHM, LLC 34-1884125 Preparer Firm's EIN Firm's address 🕨 4722 N 24TH ST, STE 300 Use Only Phone no.602-264-6835 PHOENIX, AZ 85016 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 132001 12-09-21

Form	990 (2021) STATE BAR OF ARIZONA	86-6000294	Page 2
	rt III Statement of Program Service Accomplishments		<u> </u>
	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. (CONTINUED ON SCHEDULE 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 🛛 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 r	neasured by expension	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	-,	_,
4a	(Code:) (Expenses \$ including grants of \$) (Revenue)	ie \$)
	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.		
4			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue COMPLIANCE - PURSUANT TO RULE 32 OF THE SUPREME COURT OF ARIZONA_THE	ue \$)
	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	ue \$)
	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 on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses		
		For	rm 990 (2021)
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Par	t IV Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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? If "Yes," complete Schedule C, Part II	4	N/A	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D. Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
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? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		<u>x</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Ţ	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	000 1
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Par	t IV Checklist of Required Schedules (continued)			uge
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270				
	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>	24a		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
اہ	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-	NT / 7	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/A	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		NT / A	
	Schedule L, Part I	25b	N/A	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/A	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Des	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С			v	
	(gambling) winnings to prize winners?	<u>1c</u>		(000 ·
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Form	990 (2021) STATE BAR OF ARIZONA		86-600029	4	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			ſ		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	129		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b	X	
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instruction			•	v	
				3a	X X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Λ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			4.0		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country		••••••	4a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FRAI	=)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter ta			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).		N/A			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided	to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required				
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as re	equired?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Forr	n 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	/-			
			N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
			N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A					
		11a				
a	Gross income from other sources. (Do not net amounts due or paid to other sources against	116				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412		12a		
	Section 4947(a)(1) non-exempt charable trusts. Is the organization ming Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{N}$	1041?		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		x
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.					
	12-09-21 5			Form		(2021)
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	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No" r	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	6		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 2	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If when the describe	120		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		x	
	on Schedule O how this was done	12c	x	
13	on Schedule O how this was done	12c 13	X	
13 14	on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	12c		
	on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	12c 13	X	
13 14 15	on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	12c 13 14	X X	
13 14 15 a	on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	12c 13 14 15a	X X X	
13 14 15 a	on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	12c 13 14	X X	
13 14 15 a b	on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	12c 13 14 15a	X X X	
13 14 15 a b	on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	12c 13 14 15a	X X X	
13 14 15 a b	on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12c 13 14 15a	X X X	x
13 14 15 a b	on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	12c 13 14 15a 15b	X X X	x
13 14 15 a b	on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12c 13 14 15a 15b	X X X	x
13 14 15 b 16a b	on Schedule O how this was done	12c 13 14 15a 15b	X X X	x
13 14 15 b 16a b	on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	12c 13 14 15a 15b 16a	X X X	X
13 14 15 16a b Sec	on Schedule O how this was done	12c 13 14 15a 15b 16a	X X X	x
13 14 15 16a b <u>Sec</u> 17	on Schedule O how this was done	12c 13 14 15a 15b 16a 16b	X X X X	
13 14 15 16a b <u>Sec</u> 17	on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply	12c 13 14 15a 15b 16a 16b	X X X X	
13 14 15 16a b <u>Sec</u> 17	on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	12c 13 14 15a 15b 16a 16b	X X X X	
13 14 15 16a b <u>Sec</u> 17 18	on Schedule O how this was done	12c 13 14 15a 15b 16a 16a)s only)	x x x availa	
13 14 15 b 16a b	on Schedule O how this was done	12c 13 14 15a 15b 16a 16a)s only)	x x x availa	
13 14 15 16a b <u>Sec</u> 17 18	on Schedule O how this was done	12c 13 14 15a 15b 16a 16a)s only)	x x x availa	
13 14 15 16a b <u>Sec</u> 17 18	on Schedule O how this was done	12c 13 14 15a 15b 16a 16a)s only)	x x x availa	
13 14 15 16a b <u>Sec</u> 17 18	on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	12c 13 14 15a 15b 16a 16a)s only)	x x x availa	

Form 990 (2		86-6000294	Page 7								
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated									
	Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII		X								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
	1. Complete this table for all persons required to be listed. Benost compensation for the calendar year ending with or within the organization's tay year										

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(10	Position					Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			is botł	n an	compensation	compensation	amount of
	week				lirecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ELIZABETH DEANE	50.00									
CHIEF MEMBER SVCS OFF (THRU 9/2021)						х		269,485.	0.	35,837.
(2) JOEL F. ENGLAND	55.00									
CEO/EXECUTIVE DIRECTOR				Х				183,294.	0.	33,367.
(3) MARET VESSELLA	55.00									
CHIEF BAR COUNSEL/DEPUTY EXEC DIR				х				172,492.	0.	20,215.
(4) KATHY L. GERHART	55.00									
CFO				X				152,762.	0.	20,690.
(5) LORI MAXWELL	50.00									
CHIEF INFORMATION OFFICER						X		144,731.	0.	26,652.
(6) AMY REHM	50.00									
DEPUTY CHIEF BAR COUNSEL						X		149,351.	0.	18,132.
(7) LISA PANAHI	50.00									
GENERAL COUNSEL	50.00					X		125,689.	0.	36,382.
(8) LISA FONTES	50.00							151 001	•	0 000
ADVERTISING SALES MANAGER	7 50					X		151,981.	0.	8,280.
(9) JENNIFER R. REBHOLZ PRESIDENT	7.50	x		x				0	0.	0
(10) JESSICA S. SANCHEZ	7.50	^		^		\vdash		0.	0.	0.
PRESIDENT-ELECT	7.50	x		x				0.	0.	0.
(11) BENJAMIN P. TAYLOR, II	7.50	Λ		^		-		· · ·	0.	<u> </u>
VICE PRESIDENT	7.50	x		x				0.	0.	0.
(12) TED A. SCHMIDT	7.50						<u> </u>	·.	••	<u> </u>
SECRETARY-TREASURER		x		x				0.	0.	0.
(13) GAYA SHANMUGANATHA	5.00									
YLD DIVISION PRESIDENT		х						0.	0.	0.
(14) ERIC M. RUCHENSKY	5.00									
ELECTED GOVERNOR		х						٥.	0.	0.
(15) SHARON A. FLACK	5.00									
ELECTED GOVERNOR		х						0.	0.	0.
(16) HECTOR M. FIGUEROA	5.00									
ELECTED GOVERNOR		х						0.	0.	0.
(17) D. CHRISTOPHER RUSSELL	5.00									
ELECTED GOVERNOR		х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

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132007 12-09-21

Form **990** (2021)

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2021.05000 STATE BAR OF ARIZONA

Form 990 (2021) STATE BAR OF	ARIZONA								86-6000)294	1	Р	age 8
Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		, ,	—			
(A) Name and title	(B) Average	Destition						(D) Reportable	(E) Reportable			(F) Estimated	
	week					s both r/trust		compensation from the	compensation from related organizations			nount other pensa	
	hours for related organizations	istee or dir	trustee		e	pensated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	/	org	om th anizat	ion
	below line)	ndividual trustee or director	In stit utio nal 1	Officer	ƙey employee	Highest compensated employee	Former	1099-NEC)				d relat anizati	
(18) SANDRA BENSLEY	5.00	_											
DISTRICT GOVERNOR	F 00	х						0.		0.			0.
(19) LETICIA MARQUEZ ELECTED GOVERNOR	5.00	x						0.		0.			0.
(20) DIANDRA DAY BENALLY	5.00	л						0.		<u>.</u>			•.
ELECTED GOVERNOR		x						0.		0.			٥.
(21) KELSI LANE	5.00												
ELECTED GOVERNOR		х						0.		٥.			0.
(22) ROBERT J. MCWHIRTER	5.00												
ELECTED GOVERNOR		х						0.		0.			0.
(23) JOHN W. MOODY	5.00	x						0.		٥.			0
DISTRICT GOVERNOR (24) DAVID B. ROSENBAUM	5.00	~	-					0.		<u>••</u>			0.
DISTRICT GOVERNOR	5.00	x						0.		0.			0.
(25) SAMUEL J. SAKS	5.00												
ELECTED GOVERNOR		х						0.		0.			٥.
(26) JIMMIE DEE SMITH	5.00												
ELECTED GOVERNOR		х						٥.		٥.			٥.
1b Subtotal								1,349,785.		0.		199,	555.
c Total from continuation sheets to Part VII								0.		0.		100	0.
d Total (add lines 1b and 1c)								1,349,785.		0.		199,	555.
2 Total number of individuals (including but no compensation from the organization ►	ot limited to th	ose	liste	ed ac	ove) wn	o re	eceived more than \$100,	000 of reportable				30
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, ł	key e	empl	oye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for su										·	3		X
4 For any individual listed on line 1a, is the su												v	
and related organizations greater than \$150	,		•								4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		x
Section B. Independent Contractors		2 J I	or si		Jers	011 .				·· _	0		
1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	actor	s th	nat received more than \$	100,000 of comper	nsat	ion fro	om	
the organization. Report compensation for t	he calendar y	ear e	endir	ng w	ith c	or wi	hin	the organization's tax y	ear.				
(A)								(B)		(C)			
Name and business							_	Description of s	ervices	C	ompe	nsatio	n
INREACH, 5301 SOUTHWEST PKWY, STE 160 AUSTIN, TX 78735	',						_	CLE WEBSITE				680,	798.
PACIFIC OFFICE AUTOMATIONS, 14747 NW								OFFICE SERVICES /	COPIER				
GREENBRIER PKWY, BEAVERTON, OR 97006							_	MAINTENANCE				114,	634.
LAWRENCE DUNCAN 3905 W DARROW ST, PHOENIX, AZ 85041								CONSULTING - NETWO	RK SUPPORT	112,80		800.	
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lir	niteo	d to		se lis [.] 3	ted	above) who received mo	ore than				
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS									Form	990 (2021)
132008 12-09-21													

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Part VII Section A. Officers, Directors, True	Slees, Key El	npio	yee	s, ai	na H	ligh	est	Compensated Employe	es (continued)	
(A) (B)			(C)					(D)	(E)	(F)
Name and title	Average hours per	Position (check all that apply)					ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key em ployee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations
(27) DENIS M FITZGIBBONS	5.00									
ELECTED GOVERNOR		Х						٥.	0.	
(28) ROBYN M. AUSTIN	5.00									
PUBLIC GOVERNOR		Х						0.	0.	
(29) MIGNONNE HOLLIS	5.00									
PUBLIC GOVERNOR		Х						0.	0.	
(30) JONATHAN F. MARTONE	5.00									
PUBLIC GOVERNOR		Х						0.	0.	
(31) ANNA C. THOMASSON	5.00									
PUBLIC GOVERNOR		Х						0.	0.	
(32) DAVID K. BYERS	5.00									
AT-LARGE GOVERNOR		Х						0.	0.	
(33) LORI A. HIGUERA	5.00									
AT-LARGE GOVERNOR		Х						0.	0.	
(34) DOREEN MCPAUL	5.00									
AT-LARGE GOVERNOR		Х						0.	0.	
(35) JENA DECKER-XU	5.00									
YLD DIV. PRES. (THRU 6/2021)		х						0.	0.	
(36) MARK HARRISON	5.00									
ELECTED GOVERNOR (THRU 1/2021)		х						0.	0.	
(37) JOHN W GORDON PUBLIC GOVERNOR (THRU 6/2021)	5.00	x						٥.	0.	

04-01-21

	t VIII									-
		Check if Schedule O	conta	ains a resp	onse	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu- from tax und sections 512 -
Ŋ	1 a	Federated campaigns		1a						
IIIn	b	Membership dues		1b						
	с	Fundraising events		1c						
	d	Related organizations		1d						
	е	Government grants (contr	ibutio	ons) 1e						
5	f	All other contributions, gifts,	grant	s, and						
		similar amounts not included	l abov	e 1f						
	g	Noncash contributions included in	lines 1	a-1f 1g	\$					
0	h	Total. Add lines 1a-1f				🕨				
						Business Code				
	2 a	MEMBERSHIP DUES				813920	11,110,309.	11,110,309.		
D	b	PROFESSIONAL DEVELO	PME			611430	4,249,667.	2,997,142.	1,252,525.	
aniiaau	c	COMPLIANCE				813920	1,193,557.	1,193,557.		
D C	d	ASSESSMENTS				813920 813920	454,593.	454,593.		
1	e	REGULATORY				813920 813920	204,520.	204,520.		
	f	All other program service	rever	nue		013920	16,780.	16,780.		
+	g	Total. Add lines 2a-2f			• • •	>	17,229,426.			
	3	Investment income (includ	•	-			134,308.			134,3
	4	other similar amounts)					134,500.			154,5
	4 5	Income from investment of		•	ona p		182,179.	79,852.	102,327.	
	5	Royalties		(i) Rea	al	(ii) Personal	101,113.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101,017.	
	6 a	Gross rents	6a	571,		(ii) i ciscilai				
	b	Gross rents Less: rental expenses	6b		600.					
		Rental income or (loss)	6c	543,						
				,			543,564.		11,178.	532,3
		Gross amount from sales of	·	(i) Securi	ities	(ii) Other	,		,	,-
	<i>i</i> u	assets other than inventory	7a	268,						
	b	Less: cost or other basis		,						
	~	and sales expenses	7b	192,	109.	1,473.				
	с	Gain or (loss)			103.	· · · · · ·				
		Net gain or (loss)					74,630.			74,6
		Gross income from fundraisi								
	_	including \$								
		contributions reported on								
		Part IV, line 18			8a					
	b									
		Net income or (loss) from				>				
	9 a	Gross income from gamin								
		Part IV, line 19			9a					
	b	Less: direct expenses]]				
	с	Net income or (loss) from	gami	ng activitie	es	►				
	10 a	Gross sales of inventory,								
		and allowances								
		Less: cost of goods sold								
_	с	Net income or (loss) from	sales	s of invento	ory	▶				
						Business Code				
Revenue	11 a					├				
eur	b					├				
ver	С									
1		All other revenue				813920	55,892.	55,892.		
		Total. Add lines 11a-11d					55,892.			
	12	Total revenue. See instruction	200				18,219,999.	16,112,645.	1,366,030.	741,3

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Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Dert IV, line 21	122,769.			
Grants and other assistance to domestic	111,703.			
	217,544.			
individuals. See Part IV, line 22	217,311.			
ç I				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
Benefits paid to or for members Compensation of current officers, directors,				
trustees, and key employees	582,819.			
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
neuronal described in section $4000(s)(0)(D)$				
Other salaries and wages	7,350,294.			
Pension plan accruals and contributions (include	.,,			
section 401(k) and 403(b) employer contributions)	385,204.			
Other employee benefits	895,496.			
Payroll taxes	589,960.			
Fees for services (nonemployees):				
	63,988.			
b Legal	54,400.			
c Accounting	11,745.			
d Lobbying	11,110.			
Professional fundraising services. See Part IV, line 17	20,096.			
f Investment management fees	20,050.			
g Other. (If line 11g amount exceeds 10% of line 25,	1,065,290.			
column (A), amount, list line 11g expenses on Sch 0.)	10,700.			
Advertising and promotion	1,071,072.			
Office expenses	720,524.			
Information technology	720,324.			
	710,975.			
	10,718.			
	10,710.			
Payments of travel or entertainment expenses				
for any federal, state, or local public officials	796,950.		<u> </u>	
Conferences, conventions, and meetings	2.			
Interest	<u> </u>			
Payments to affiliates	720,029.			
Depreciation, depletion, and amortization	132,764.			
Insurance Other expenses. Itemize expenses not covered	132,704.			
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
amount, list line 24e expenses on Schedule O.)	80,004.			
h TRAINING & DEVELOPMENT	67,034.			
FEDERAL UBIT	-657.			
d				
	69,485.			
All other expenses Total functional expenses. Add lines 1 through 24e	15,749,205.			
Joint costs. Complete this line only if the organization				
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 Fight following SOP 98-2 (ASC 958-720)				

132010 12-09-21

11 2021.05000 STATE BAR OF ARIZONA Form 990 (2021)

12 2021.05000 STATE BAR OF ARIZONA 401478_1

STATE BAR OF ARIZONA
ice Sheet
if Schedule O contains a response or note to any line in this Part X

1 0		Check if Schedule O contains a response or	note to an	line in this Part Y			
		Check in Schedule O Contains a response of			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,049,063.	1	4,878,173.
	2	Savings and temporary cash investments	8,110,283.	2	2,625,460.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			67,997.	4	55,139.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	-			6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			61,509.	8	56,781.
As	9	Prepaid expenses and deferred charges			524,768.	9	528,016.
		Land, buildings, and equipment: cost or othe				_	
		basis. Complete Part VI of Schedule D		19,095,106.			
	ь	Less: accumulated depreciation		9,548,680.	9,891,779.	10c	9,546,426.
	11	Investments - publicly traded securities		, ,	0.	11	7,372,651.
	12	Investments - other securities. See Part IV, lir				12	,
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	497,555.	15	422,232.		
	16	Total assets. Add lines 1 through 15 (must e			23,202,954.	16	25,484,878.
	17	Accounts payable and accrued expenses			1,600,213.	17	1,330,567.
	18	Grants payable			, ,	18	
	19	Deferred revenue			3,349,412.	19	3,264,455.
	20	Tax-exempt bond liabilities	, ,	20			
	21	Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
pili		controlled entity or family member of any of t				22	
Lia	23	Secured mortgages and notes payable to un	-			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				27	
	25	parties, and other liabilities not included on li					
		of Schedule D	1103 17 24).		502,780.	25	434,677.
	26	Total liabilities. Add lines 17 through 25			5,452,405.	26	5,029,699.
	20	Organizations that follow FASB ASC 958, o			, , - •	20	, , , , .
Se		and complete lines 27, 28, 32, and 33.					
лс	27				17,750,549.	27	20,455,179.
ala	28	Net assets with donor restrictions		28			
ē	20	Organizations that do not follow FASB AS		20			
Fun		and complete lines 29 through 33.					
p	20	Capital stock or trust principal, or current fun	de			29	
ets	29 30	Paid-in or capital surplus, or land, building, o				30	
SS	30	Retained earnings, endowment, accumulated				30	
Net Assets or Fund Balances					17,750,549.	31	20,455,179.
Ž	32	Total net assets or fund balances			23,202,954.		25,484,878.
	33	Total liabilities and net assets/fund balances			25,202,554.	33	25,404,070.

Form **990** (2021)

Form 990 (2021)
Part X Balance

Form	1990 (2021) STATE BAR OF ARIZONA	86-600029	4	Pad	_{ge} 12	
	rt 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	18,	219,	999.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,	749,	205.	
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,	750,	549.	
5	Net unrealized gains (losses) on investments	5		233,	836.	
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 on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	20,	455,	179.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x	
	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?		2b	х	L	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	L	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
				aan /	(0001)	

Form **990** (2021)

	1 01 01 9				
Department of the Treasury		if the organization is described l Go to www.irs.gov/Form990 for in			Z. Open to Public Inspection
Internal Revenue Service		•			•
-	-	n Form 990, Part IV, line 3, or Form Inplete Parts I-A and B. Do not com		e 46 (Political Campaign	Activities), then
	-	01(c)(3)) organizations: Complete P	•	o not complete Part LB	
 Section 501(c) (other Section 527 organiz 			ans PA and C below. L	o not complete Part PB.	
0		Form 990, Part IV, line 4, or For	m 990 EZ Dart VI lin	o 47 (Lobbying Activitios) then
		have filed Form 5768 (election und			
	-	have NOT filed Form 5768 (election		•	•
.,.,	5	Form 990, Part IV, line 5 (Proxy	())	•	•
Tax) (See separate inst					
		tions: Complete Part III.			
Name of organization	,, (, 0	•		Emp	loyer identification number
	STATE BAR (OF ARIZONA			86-6000294
Part I-A Compl	ete if the org	anization is exempt under	r section 501(c) o	r is a section 527 or	ganization.
					-
1 Provide a descripti	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.	
2 Political campaign					6
		gn activities			
Part I-B Compl	ete if the org	anization is exempt under	r section 501(c)(3)	-	
1 Enter the amount of	of any excise tax	incurred by the organization under	section 4955	► 9	§
2 Enter the amount of	of any excise tax	incurred by organization managers	s under section 4955	► 9	6
		n 4955 tax, did it file Form 4720 fo			
4a Was a correction m					
b If "Yes," describe in	n Part IV.				
Part I-C Compl	ete if the org	anization is exempt under	r section 501(c), e	except section 501(c	;)(3).
1 Enter the amount of	lirectly expended	d by the filing organization for secti	on 527 exempt functio	on activities Þ S	š
2 Enter the amount of	of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527	
exempt function ac	tivities			► 9	S
3 Total exempt funct	ion expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,		
line 17b				► 9	S
4 Did the filing organ	ization file Form	1120-POL for this year?			Yes No
5 Enter the names, a	ddresses and en	nployer identification number (EIN)	of all section 527 polit	ical organizations to whic	h the filing organization
		tion listed, enter the amount paid f			
		omptly and directly delivered to a s			e segregated fund or a
· · · · · · · · · · · · · · · · · · ·	()	additional space is needed, provid	I	1	1
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				iunus. Il none, enter -o	delivered to a separate
					political organization.
					If none, enter -0

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

Schedule C (Form 990) 2021

132041 11-03-21

SCHEDULE C

(Form 990)



	STATE BAR OF				000294	Page 2
Part II-A Complete if the org section 501(h)).	anization is e	exempt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection und	er
	tion belongs to a	n affiliated group (and list i	n Part IV each affiliated g	group member's nam	ie, address, E	IN,
expenses, and shar						
		A and "limited control" pr	ovisions apply.			
Limit		(a) Filing organization's	(b) Affiliate total			
(The term "expend	litures" means a	mounts paid or incurred	.)	totals		
1a Total lobbying expenditures to influ	ience public opin	ion (grassroots lobbying)				
b Total lobbying expenditures to influ	-	• • • •				
c Total lobbying expenditures (add lir	nes 1a and 1b)					
d Other exempt purpose expenditure	s					
e Total exempt purpose expenditures	s (add lines 1c ar	ıd 1d)				
f Lobbying nontaxable amount. Ente	r the amount fro	m the following table in bo	th columns.			
If the amount on line 1e, column (a) o	r (b) is: Th	e lobbying nontaxable an	nount is:			
Not over \$500,000	20	% of the amount on line 1e				
Over \$500,000 but not over \$1,000	0,000 \$1	00,000 plus 15% of the exc	cess over \$500,000.			
Over \$1,000,000 but not over \$1,50	00,000 \$1	75,000 plus 10% of the exc	cess 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.						
 h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zer reporting section 4911 tax for this y 	r Section 501(h)		Yes	No		
(Some organizations tr		on 501(h) election do not eparate instructions for li		f the five columns b	elow.	
	Lobbying E	xpenditures During 4-Ye	ar Averaging Period		I	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) To	otal
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					ule C (Eorm 9	

Schedule C (Form 990) 2021

132042 11-03-21

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)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		i)	(b)	
	lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	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				
	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				
с	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5), or sec	tion	
	501(c)(6).				-
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				Х
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1	10,	663,660.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
а	Current year		2a		11,745.
b	Carryover from last year				
	Total				11,745.
3					53,318.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		-41,573.
Par					
Provi	de 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	A, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE D)
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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.



Name of the organization	
--------------------------	--

Employer identification number

86-6000294	
------------	--

	STATE BAR OF ARIZONA		86-6000294
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		ľ – –
Par		nanization answered "Yes" on Form 990 Part	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recrea	· · · · ·	nistorically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ind conservation contribution in the form of a	conservation assement on the last
2	day of the tax year.		Held at the End of the Tax Year
_			
a ⊾	Total number of conservation easements		
b			
C	Number of conservation easements on a certified historic structure of conservation easements included in (a) convinced		<u>2c</u>
d	Number of conservation easements included in (c) acquired a		
~	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	janization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserv	ation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
~	▶ \$		
8	Does each conservation easement reported on line 2(d) abov		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements	s that describes the
Par	organization's accounting for conservation easements. T III Organizations Maintaining Collections of	Art Historical Treasures or Othe	r Similar Assots
ı aı	Complete if the organization answered "Yes" on Form		i olimidi Assets.
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		erance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	-	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ince of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
-			
2	If the organization received or held works of art, historical trea		in, provide
	the following amounts required to be reported under FASB A	-	
a	Revenue included on Form 990, Part VIII, line 1		
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021
132051	10-28-21		

17				
2021.05000	STATE	BAR	OF	ARIZONA

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contraued) 3 Using the organization security in a consist, and other records, check any of the following that make significant use of its collection times (check all that apply): 	<u>Sche</u>	dule D (Form 990) 2021 STATE BAR C							86-600		P	_{age} 2
collection time (check all that apply): Collection time (check all that apply): Collection time (check all that apply): Soholarly research Soholarly research Collection thure generations Collection the organization apply the organization apply that the the organizatis the organizatis apply	Par	t III Organizations Maintaining C	ollections of Art,	Historio	cal Tre	asures, o	r Othe	r Simil	ar Assets	conti	nued)	
a Public exhibition d □ can or exchange program b Scholary research e □ Other c Preservation for future generations e □ Other c Preservation for future generations collections and explain how they further the organization's exempt purpose in Part XIII. Scholary Part XIII. Scholary Part XIII. c During the year. (dit exergination social or receive donations of art, historical treasures, or other similar assets to be soci to raise funds rather than to be maintained as part of the organization's collection? Yee No. Part IVI Escow and Custofial Arrangements. Complete the organization answerd 'Yes' on Form 990, Part X, line 8. Yee No. 1a Is the organization anagent, tustee, custodian or other intermediary for contributions or other assets not included Yee No. b Scholary Baser. 1d 1d 1d 1d 1d 1a Is the organization inscholary Baser. 1d	3	Using the organization's acquisition, accession	on, and other records,	check any	/ of the f	ollowing that	t make s	ignifican	t use of its			
b Scholary research e Other c Provide a description of the organization scolections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scolections and explain how they further the organization scolection? Yes No. Part II Escrow and Custocial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an anount on Form 990, Part X, line 21. It is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If Yes; explain the arrangement in Part XIII. Check here if the organization abeen provided on Part XIII Yes No b If Yes; explain the arrangement in Part XIII. Check here if the organization abeen provided on Part XIII Yes No b If Yes; explain the arrangement in Part XIII. Check here if the organization accusted al account liability? Yes No b Orthory year Stack (d) Three years back (e) Four years back (d) Three years back (e) four years back c Onthory year (d) Current year (d) Orthor years back		collection items (check all that apply):										
c Preservation for Vuture generations 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, ald 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 answered 'Yes' on Form 990, Part X, line 91, or reported an amount on Form 990, Part X, line 21. 1a Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 1a Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 1d Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Dating balance (a) (b) Provs, explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII (b) Provs, explain the arangement in Part XIII. Check here if the explanation for years black (d) Three years black (e) Four years bla	а	Public exhibition	d	Loa	n or exc	hange progra	am					
c Preservation for Vuture generations 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, ald 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 answered 'Yes' on Form 990, Part X, line 91, or reported an amount on Form 990, Part X, line 21. 1a Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 1a Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 1d Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Dating balance (a) (b) Provs, explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII (b) Provs, explain the arangement in Part XIII. Check here if the explanation for years black (d) Three years black (e) Four years bla	b	Scholarly research	е									
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 solid to raise funds arther than to be maritained as part of the organization's collection? Part IV Excove and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an anount on Form 990, Part X, line 21. Begrining balance Gegrining of year balance Gegrining the estimated parcentage of the current year end balance (line 1g, column (a)) held as: Gord or sorbidarbilitys Gegrining of year balance Gegrining the estimated parcentage of the current year end balance (line 1g, column (a)) held as: Gord or sorbidarbilitys Gegrining and year balance Gegrining the related organization sited as required on Schedule R? Gegrining and year balance Gegrining balance showment the modworment the forganization sited as required on Schedule R?	с											
S During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Ousbodial 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. Is the organization an agent, fustkee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization angent, fustkee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization angent, fustkee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is a dimensional include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Ves No If 'Yes,' explain the arrangement in Part Xill. Check there if the explanation has been provided on Part Xill Part V Indowment Funds. Complete the organization answerd "Yes" on Form 990, Part X, line 10. If organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Ves No If 'Yes,' explain the arrangement in Part Xill. Check there if the explanation has been provided on Part Xill Part V Indowment Funds. Complete the organization answerd "Yes" on Form 990, Part X, line 10. If a diministrative expanses Ind Contributions Other expenditures for facilities Indowment Funds. Complete the organization answerd "Yes" on Form 990, Part X, line 20 Porvide the estimated percentage of the current year end balance (line 1g, column (aj) held as: Board designated or quasi-endowment % Permanent earnings, gains, and losses Ind Ford year balance Porvide the estimated percentage of the current year end balance (line 1g, column (aj)	4		ellections and explain h	now thev f	urther th	ne organizatio	on's exer	npt purp	ose in Part	XIII.		
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Schedule D (Form 990) 2021

07091120 143399 401478

(1) Financial derivatives	Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(2) Cosely held equity interests		(-)	(-)	
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(6) (7) (8) (9)				46,303
(7) (8) (8) (9)				
(8) (9)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(9)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 STATE BAR OF ARIZONA			86-60	00294 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Re	evenue per Re ⁻	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	18,420,729.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	233,836.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d			27,600.		
е	Add lines 2a through 2d			2e	261,436.
3	Subtract line 2e from line 1			3	18,159,293.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,096.		
b	Other (Describe in Part XIII.)	4b	40,610.		
с	Add lines 4a and 4b			4c	60,706.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	18,219,999.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	15,716,099.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
с					
d			27,600.		
e			·	2e	27,600.
3	Subtract line 2e from line 1			3	15,688,499.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				,
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,096.		
b		·····	40,610.		
			'	4c	60,706.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 18.</i>)			5	15,749,205.
	rt XIII Supplemental Information.			5	10,710,200.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P.	art IV lines 1b an	d 2h: Part V, line 4	· Dort V I	ino 2: Port VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			, Fart A, I	ine 2, Fait Al,
lines	20 and 4b, and Part All, lines 20 and 4b. Also complete this part to provide any a		lion.		
PAR	TX, LINE 2:				
SBA	IS ORGANIZED AS AN ARIZONA NON-PROFIT CORPORATION. THE INTEL	RNAT.			
REVI	NUE SERVICE HAS DETERMINED THAT SBA IS EXEMPT FROM FEDERAL	INCOME			
ͲΔΥΙ	S UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN O	RGANTZATTON			
		Romitzini ion			
DESC	CRIBED IN SECTION 501(C)(6). MANAGEMENT HAS DETERMINED THE C	PF TS A			
	REPED IN DECION 301(C)(0). MERIOMENT MID DETERMINED THE C.	11 10 A			
GRAI	TOR TRUST AND AS SUCH IT IS A DISREGARDED ENTITY TREATED AS	A DIVISION			
OF S	SBA SOLELY FOR INCOME TAX PURPOSES. ACCORDINGLY, CONTRIBUTION	NS TO			
EITH	HER ORGANIZATION DO NOT QUALIFY FOR THE CHARITABLE CONTRIBUT	TON			
DEDU	JCTION UNDER SECTION 170(B)(1)(A). THE COMBINED ENTITY IS AN	NUALLY			

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

132054 10-28-21

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 STATE BAR OF ARIZONA	86-6000294	Page 5
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 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, 990-T AND		
ARIZONA FORM 99-T ARE NO LONGER SUBJECT TO TAX EXAMINATION FOR YEARS		
BEFORE 2018 AND 2017, RESPECTIVELY.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSE MOVED TO REVENUES 27,600.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
PUBLICATION COST OF GOODS SOLD MOVED FROM REVENUES 40,610.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSE MOVED TO REVENUES 27,600.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
PUBLICATION COST OF GOODS SOLD MOVED FROM REVENUES 40,610.		
	Schedule D (Forn	n 990) 2021

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SCHEDULE I (Form 990)	Gov	irants and Oth vernments, an ete if the organization	d Individual	s in the Uni on Form 990, Pa	ted States		OMB No. 1545-0047 2021 Open to Public
Department of the Treasury Internal Revenue Service		► Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization STATE BAR OF A	RIZONA						Employer identification number 86-6000294
Part I General Information on Grants an	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's provided to the second sec	tance?				6	stance, and the selecti	
Part II Grants and Other Assistance to D recipient that received more than \$	Oomestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "	/es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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 ST, STE 210 - PHOENIX, AZ 85016	95-3351710	501(C)(3)	56,544.	60,000.	PER MEMORANDUM OF UNDERSTANDING (MOU)	RENT REDUCTION PER MOU	SUPPORT PRO BONO LEGAL SERVICES
Enter total number of section 501(c)(3) an Enter total number of other organizations LHA For Paperwork Reduction Act Notice,	listed in the line 1	table	e line 1 table		I	I	1. 0. Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

Page 2

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
LIENT PROTECTION FUND (CPF)	36	197,568.	0.	N/A	N/A
CRIMINAL JUSTICE SECTION SCHOLARSHIP	3	9,158.	0.	N/A	N/A
ABOR LAW SECTION	2	3,080.	0.	N/A	N/A
PAX SECTION	3	3,000.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information					

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 (MOU) 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 WERE SPONSORED BY THE TAX LAW SECTION, CRIMINAL JUSTICE

SECTION, AND LABOR LAW SECTION. LAW SCHOOL STUDENTS MUST SUBMIT

Part IV Supplemental Information

APPLICATIONS OR ESSAYS TO RECEIVE THE SCHOLARSHIP. THE APPLICATIONS OR

ESSAYS ARE REVIEWED BY A COMMITTEE COMPRISED OF MEMBERS OF THAT SECTION

AND RECIPIENTS SELECTED. SCHOLARSHIPS PAID IN 2021 BY THE TAX SECTION

WERE PAID DIRECTLY TO THE STUDENT WITH NO RESTRICTIONS ON USE.

SCHOLARSHIPS PAID BY THE CRIMINAL JUSTICE SECTION AND LABOR LAW SECTION

WERE PAID DIRECTLY TO THE LAW SCHOOLS. THE TRUSTEES OF THE CLIENT

PROTECTION FUND OF THE STATE BAR OF ARIZONA CONSIDER 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 I (Form 990)

132291 04-01-21

	SCHEDULE J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						47
		Complete if the organization	answered "Yes" on Form 990, Part IV, line 23.		20		
	tment of the Treasury		Attach to Form 990.		Open to Inspe		IC
	al Revenue Service 1e of the organization		990 for instructions and the latest information.	Employer id			mber
rian	io or the organization	STATE BAR OF ARIZONA		86-60			
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided an	y of the following to or for a person listed on Form	990		163	
		line 1a. Complete Part III to provide any re		550,			
	First-class or c	, ,	Housing allowance or residence for perso	naluse			
	Travel for com		Payments for business use of personal re-				
		ation and gross-up payments	X Health or social club dues or initiation fee				
		pending account	Personal services (such as maid, chauffel				
				ii, enery			
h	If any of the boxes	on line 1a are checked, did the organizatio	n follow a written policy regarding payment or				
D	•		bove? If "No," complete Part III to explain		1b	х	
2	•		g or allowing expenses incurred by all directors,				
2			egarding the items checked on line 1a?		2	х	
	inusiees, and onice	s, including the GEO/Executive Director, i					
3	Indicate which if a	w, of the following the organization used t	o establish the compensation of the organization's				
5			ny boxes for methods used by a related organization s				
		ation of the CEO/Executive Director, but e		51110			
	·						
			Written employment contract				
		ompensation consultant	X Compensation survey or study				
		ther organizations	X Approval by the board or compensation c	ommittee			
4	During the year dia	any parage listed on Form 000. Bart VII.	Continue A line to with respect to the filing				
4		•••	Section A, line 1a, with respect to the filing				
-	organization or a re				10		x
a L		e payment or change-of-control payment?			. <u>4a</u> 4b		X
b	·	eive payment from a supplemental nonque	• • • • • • • • • • • • • • • • • • • •				X
С	-	eive payment from an equity-based compe			<u>4c</u>		A
	If Yes to any of in	les 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III.				
	Only section 501/a)(3), 501(c)(4), and 501(c)(29) organizatio	ns must complete lines 5.9				
5			id the organization pay or accrue any compensatio	n			
5	contingent on the r		a the organization pay of accrue any compensatio				
~	•				5a		
a 5					5b		<u> </u>
U		r 5b, describe in Part III.					
6		-	id the organization pay or accrue any compensatio				
6			in the organization pay of accide any compensatio				
~	contingent on the n	-			6a		
							<u> </u>
U					. <u>6b</u>		
-		r 6b, describe in Part III.	id the execution manifest and a first set of the				
1			id the organization provide any nonfixed payments		-		
~					. 7		
8			crued pursuant to a contract that was subject to th		-		
~		ption described in Regulations section 53.			8		
9		d the organization also follow the rebuttak			-		
					. 9	<u> </u>	
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.	Schedu	le J (Forr	n 990) 2021

132111 11-02-21

86-6000294

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELIZABETH DEANE	(i)	74,837.	0.	194,648.	26,882.	9,391.	305,758.	168,367.
CHIEF MEMBER SVCS OFF (THRU 9/2021)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOEL F. ENGLAND	(i)	180,000.	0.	3,294.	10,588.	23,372.	217,254.	0.
CEO/EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARET VESSELLA	(i)	164,533.	0.	7,959.	9,632.	11,177.	193,301.	0.
CHIEF BAR COUNSEL/DEPUTY EXEC DIR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATHY L. GERHART	(i)	138,448.	0.	14,314.	8,581.	12,685.	174,028.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LORI MAXWELL	(i)	138,150.	0.	6,581.	5,907.	21,337.	171,975.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AMY REHM	(i)	143,071.	0.	6,280.	7,962.	10,755.	168,068.	0.
DEPUTY CHIEF BAR COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LISA PANAHI	(i)	117,759.	0.	7,930.	7,731.	29,206.	162,626.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LISA FONTES	(i)	55,080.	93,595.	3,306.	8,280.	571.	160,832.	0.
ADVERTISING SALES MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

86-6000294

Schedule J (Form 990) 2021

SCHEDULE	0
(Form 990)	

Department of the Treasury

Internal Revenue Service Name of the organization

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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 86-6000294

STATE BAR OF ARIZONA

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

CONSISTENT WITH THESE GOALS. THE STATE BAR OF ARIZONA SEEKS TO IMPROVE

THE 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. 132211 11-11-21

07091120 143399 401478

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Schedule O (Form 990) 2021 Name of the organization	Page Employer identification number
STATE BAR OF ARIZONA	86-6000294
AND LICENSED TO PRACTICE IN ARIZONA. IN 2021 THE ORGANIZATION PROVIDED	
ASSISTANCE TO 36 CLAIMS FILED WITH THE FUND.	
FORM 990, PART VI, SECTION A, LINE 2:	
MARK HARRISON (ELECTED GOVERNOR) AND DAVID B. ROSENBAUM (DISTRICT GOVERNOR)	
HAVE A BUSINESS RELATIONSHIP. MARK HARRISON VACATED HIS BOARD POSITION	
DURING JANUARY 2021.	
FORM 990, PART VI, SECTION A, LINE 4:	
THERE WAS A SIGNIFICANT CHANGE TO THE ORGANIZATIONAL DOCUMENTS SINCE THE	
PRIOR FORM 990 WAS FILED. RULE 32 (C) OF THE RULES OF THE SUPREME COURT OF	
ARIZONA AND THE BYLAWS OF THE CORPORATION WAS AMENDED TO CREATE A SIXTH	
MEMBERSHIP CLASS. MEMBERSHIP IS DIVIDED INTO SIX CLASSES: ACTIVE,	
INACTIVE, RETIRED, SUSPENDED, JUDICIAL AND AFFILIATE. THIS CHANGE IS	
DESCRIBED IN DETAIL ON PART VI, SECTION A, LINE 6.	
ALSO CHANGED PER RULE 32, THE BOARD OF GOVERNORS IS NOW COMPOSED OF SIXTEEN	
(16) ELECTED GOVERNORS AND TEN (10) APPOINTED GOVERNORS. ELECTED GOVERNORS	
ARE ELECTED BY MEMBERS IN SPECIFIED DISTRICTS. THIS CHANGE IS DESCRIBED	

MORE FULLY IN PART VI, SECTION A, LINE 7A.

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 SIX CLASSES:

ACTIVE, INACTIVE, RETIRED, SUSPENDED, JUDICIAL AND AFFILIATE. DISBARRED OR

RESIGNED PERSONS ARE NOT MEMBERS OF THE BAR. ACTIVE MEMBERS CONSIST OF

EVERY PERSON LICENSED TO PRACTICE LAW IN THE STATE OF ARIZONA EXCEPT FOR

PERSONS WHO ARE INACTIVE, RETIRED, SUSPENDED, JUDICIAL, OR AFFILIATE

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Schedule O (Form 990) 2021

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Name of the organization	Employer identification numbe
STATE BAR OF ARIZONA	86-6000294
MEMBERS. LEGAL PARAPROFESSIONALS ARE AFFILIATE MEMBERS FOR PURPOSES OF	
REGULATION AND DISCIPLINE UNDER RULE 32. ALL PERSONS ADMITTED TO PRACTICE	
IN ACCORDANCE WITH THE RULES OF THE COURT SHALL, BY THAT FACT, BECOME	
ACTIVE OR AFFILIATE 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, THE BOARD IS COMPOSED OF SIXTEEN (16) ELECTED GOVERNORS AND	
TEN (10) APPOINTED GOVERNORS. ELECTED GOVERNORS ARE ELECTED BY MEMBERS IN	
SPECIFIED DISTRICTS.	
THE SUPREME COURT APPOINTS FOUR (4) PUBLIC GOVERNORS WHO MUST NOT BE	
MEMBERS OF THE STATE BAR AND MUST NOT HAVE, OTHER THAN AS CONSUMERS OF	
LEGAL SERVICES, A FINANCIAL INTEREST IN THE PRACTICE OF LAW; THREE (3)	
AT-LARGE GOVERNORS, WHO MAY BE FORMER ELECTED, PUBLIC, OR DISTRICT	
GOVERNORS; AND (3) DISTRICT GOVERNORS WHO MUST BE MEMBERS OF THE STATE BAR	
AND MEET DEFINED DISTRICT REQUIREMENTS.	
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	
THE CONSENT OF THE SUPREME COURT OF ARIZONA.	
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Name of the organization

STATE BAR OF ARIZONA

Page 2 Employer identification number 86-6000294

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 COMMITTEE IS 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.

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Name of the organization	Employer identification number 86-6000294
STATE BAR OF ARIZONA	86-6000294
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF ACTIVE BOARD	
MEMBERS, SETS AND ADJUSTS THE SALARY OF THE CEO/EXECUTIVE DIRECTOR. THE	
CEO/EXECUTIVE DIRECTOR 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 ORGANIZATION'S 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 STATE BAR OF ARIZONA, RECEIVED	
REPORTABLE COMPENSATION CONSISTING OF \$55,080 IN BASE PAY, \$3,306 IN	
OTHER COMPENSATION AND \$93,595 IN COMMISSIONS AND INCENTIVE PAY.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS AN FINANCE AND AUDIT COMMITTEE RESPONSIBLE FOR	
OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE	

INDEPENDENT ACCOUNTANT. THE COMMITTEE COORDINATES THE AUDIT WITH THE

INDEPENDENT AUDITORS. ANY FINANCIAL CONCERN ENCOUNTERED IN THE SYSTEM

IS ROUTED TO THIS COMMITTEE FOR REVIEW. THIS PROCESS HAS NOT CHANGED

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Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 20</u> Name of the organization		Page Employer identification number
	STATE BAR OF ARIZONA	86-6000294
FROM PRIOR YEARS.		
TROM TRIOR TEARS.		
132212 11-11-21	33	Schedule O (Form 990) 202

990.

132161 11-17-21 LHA

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
CLIENT PROTECTION FUND OF THE STATE BAR OF					
ARIZONA - 47-6411607, 4201 N 24TH ST, STE	PROMOTE PUBLIC CONFIDENCE				
100, PHOENIX, AZ 85016	IN LEGAL PROFESSION	ARIZONA	461,342.	2,731,206.	STATE BAR OF ARIZONA

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 Part II 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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

(b)

Related Organizations and Unrelated Partnerships	i i
--	-----

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.

(c)

(d)

OMB No. 1545-0047

86-6000294

2 21

Employer identification number

(f)

Open to Public Inspection

SCHEDULE R
(= 000)

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

(a)



(e)

Schedule R (Form 990) 2021

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

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	(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 Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		233613			No

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	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		
	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		
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	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		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
	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
<u>(1)</u>				
(2)				
<u>(3)</u>				
(4)				
<u>(5)</u>				
<u>(6)</u>				

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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)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	ı)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile (state or foreign	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispropor tionate		Code V-UBI	Gener	al or F	Percentage
of entity			Predominant income (related, unrelated, excluded from tax under sections 512-514)		c)(3) s.?	total	end-of-year	allocations		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner? OW		ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
												-	
												_	

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Part VII Supplemental Information

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

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