DLN: 93493291001100

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2009

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 D Employer identification number C Name of organization MASSACHUSETTS BAR FOUNDATION INC **B** Check if applicable Please use IRS Address change 04-6130261 label or Doing Business As E Telephone number print or Name change type. See (617) 338-0521 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite 20 WEST STREET Instruc-**G** Gross receipts \$ 4,938,087 Terminated tions. City or town, state or country, and ZIP \pm 4 BOSTON, MA 021111204 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for JOSEPH PJ VRABEL ┌ Yes ┌ No affiliates? 20 WEST STREET BOSTON, MA 021111204 ☐ Yes ☐ No H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 H(c) Group exemption number ▶ Website: ► WWW MASSBARFOUNDATION ORG K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1964 M State of legal domicile MA Part I Summary Briefly describe the organization's mission or most significant activities THE MASSACHUSETTS BAR FOUNDATION WAS ORGANIZED TO COLLECT AND DISTRIBUTE FUNDS TO PROGRAMS THROUGHOUT MASSACHUSETTS THAT ENHANCE THE DELIVERY OF CIVIL LEGAL SERVICES, ADVANCE LAW-RELATED AND JUDICIAL EDUCATION, PUBLISH LITERARY WORKS ON LAW, PROVIDE FINANCIAL ASSISTANCE TO LAW STUDENTS

IN NEED, AND IMPROVE THE ADMINISTRATION OF JUSTICE AND THE PUBLIC AWARENESS OF THE LAW

Goven					
	2	Check this box 📂 if the organization discontinued its operations or disposed of	more than 25% of its ne	etass	ets
Activities &	3	Number of voting members of the governing body (Part VI, line 1a)		з _	20
₽	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 _	20
들	5	Total number of employees (Part V, line 2a)		5 _	4
₹	6	Total number of volunteers (estimate if necessary)		6 _	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 .	•	7a _	0
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)	4,377,612		2,332,944
Ravenue	9	Program service revenue (Part VIII, line 2g)			0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	362,686		258,863
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,740,298		2,591,807
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,365,448		5,187,614
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	245,507		214,404
₹	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) • 0			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	126,463		111,108
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,737,418		5,513,126
	19	Revenue less expenses Subtract line 18 from line 12	-1,997,120		-2,921,319
Net Assets or Fund Balances			Beginning of Current Year		End of Year
32,50	20	Total assets (Part X, line 16)	15,243,570		11,957,651
절절	21	Total liabilities (Part X, line 26)	3,420,972		3,043,411
žĪ	22	Net assets or fund balances Subtract line 21 from line 20	11,822,598		8,914,240
Pai	rt II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than o Sign ***** Here Signature of officer JOSEPH PJ VRABEL president Type or print name and title Preparer's signature Date DAVID A DIIULIS 2010-08-20 Paid Preparer's O'CONNOR & DREW PC Firm's name (or yours if self-employed), address, and ZIP + 4 **Use Only** 25 BRAINTREE HILL OFC PK SUITE 102 BRAINTREE, MA 02184

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE MASSACHUSETTS BAR FOUNDATION WAS ORGANIZED TO COLLECT AND DISTRIBUTE FUNDS TO PROGRAMS THROUGHOUT MASSACHUSETTS THAT ENHANCE THE DELIVERY OF CIVIL LEGAL SERVICES, ADVANCE LAW-RELATED AND JUDICIAL EDUCATION, PUBLISH LITERARY WORKS ON LAW, PROVIDE FINANCIAL ASSISTANCE TO LAW STUDENTS IN NEED, AND IMPROVE THE ADMINISTRATION OF JUSTICE AND THE PUBLIC AWARENESS OF THE LAW

2	Did the organization the prior Form 990			ervices during the year w		┌ Yes ┌ No
	If "Yes," describe t	hese new services on Sc	hedule O			
3	_		-	nt changes in how it cond		┌ Yes ┌ No
	If "Yes," describe t	hese changes on Schedu	ıle O			
4	Section 501(c)(3)	and 501(c)(4) organızat	ions and secti	_	rgest program services by required to report the amo rvice reported	•
	(Code) (Expenses \$	5,018,095	ıncludıng grants of \$) (Revenue \$)
	IOLTA GRANTS					
4b	(Code) (Expenses \$	95,965	ıncludıng grants of \$) (Revenue \$)
	FELLOWS GRANTS					_
	(Code) (Expenses \$	65,794	ıncludıng grants of \$) (Revenue \$)
	IMMIGRATION PROJEC CITIZENS	CTS GRANT - TO PROVIDE FUI	NDING TO ORGAN	IZATIONS THAT PROTECT, DEF	FEND AND ADVANCE THE RIGHT	S AND REMEDIES OF NON-
	Other program se	rvices (Describe in Sch	edule O) See	also Additional Data for	Description	
	(Expenses \$	7,760 inc	luding grants o	of\$) (Revenue \$)
4e	Total program ser	vice expenses►\$	5.187.61	.4		

Part IV	Check	dist of	Required	Schedules
	CIICCE		NC dull Cd	Schodules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			_
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		N o
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		v	T
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		Yes	No
	of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
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 required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
_	business holdings at any time during the year?	8		No
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		No
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

BOSTON, MA 021111218

(617) 338-0521

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 20			
b	Enter the number of voting members that are independent 1b 20			
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		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply on website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ie orga	nızatıor	n 🕨
	Mark doherty - assistant treasurer 20 WEST STREET			

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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1b	Total	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►1			-
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \(\mathbb{E} \)0			
		F	orm 99 0	(2009)

Form 99								Page 9
	7111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
報告	1a	Federated cam	paigns 1a	·				
豆豆	ь	Membership du	es 1b	202,049				
βχ	c	Fundraising eve	ents 1c					
Æ æ	d	Related organiz	zations 1d					
ું.≣	e	Government grants	s (contributions) 1e	2,130,895				
<u>주</u> ,조	f	All other contribution	ons, gifts, grants, and 1f					i
돌로		similar amounts no	ot included above ibutions included in					
# TE	g							
Contributions, gifts, grants and other similar amounts	h		s 1a-1f	🕨	2,332,944			
				Business Code				
Program Service Revenue	2a			Business code				
e.ke	ь							
э П	_c							
25	d	-						
B								
Ë	l _	All other progra						
Ś	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f					
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)		268,322			268,322
	4		stment of tax-exempt bond					
	5	Royalties		1				
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)	•				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	2,336,821					
		assets other than inventory						
	ь	Less cost or other basis and	2,346,280					
		sales expenses						
	C	Gain or (loss)	-9,459					
	d		s)		-9,459			-9,459
άυ	8a	Gross income f events (not inc	rom fundraising Iudina					
Other Revenue		\$						
>		of contributions See Part IV, lin	reported on line 1c)					
Ģ		See Fare IV, IIII	a a					
<u> </u>	ь	Less direct ex	penses b					
ರ	c	Net income or ((loss) from fundraising	events 🟲				
	9a		rom gaming activities					
		See Part IV, lin	ne 19 a					
	ь	Lass direct av	penses b					
	_ c		(loss) from gaming acti					
	<u> </u>	Gross sales of returns and allo	ınventory, less					
			а					
	Ь		oods sold b					
	С		(loss) from sales of inve					
	<u></u>	Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	C							
	d	All other reven						
	e	Total. Add lines	s 11a-11d					
	12	Total revenue	See Instructions .	.				
]	iotai ievellue.	See Thatructions .		2,591,807	0	0	258,863

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,187,614	5,187,614					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	105,000		105,000				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	61,782		61,782				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,140		18,140				
9	Other employee benefits	16,012		16,012				
10	Payroll taxes	13,470		13,470				
11	Fees for services (non-employees)							
а	Management							
b	Legal							
c	Accounting	9,500		9,500				
d	Lobbying							
е	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other							
12	Advertising and promotion							
13	Office expenses	1,106		1,106				
14	Information technology							
15	Royalties							
	Occupancy							
17	Travel	5,831		5,831				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				_			
19	Conferences, conventions, and meetings	20,659		20,659				
20	Interest							
21	Payments to affiliates	650		650				
22 23	Depreciation, depletion, and amortization	658		658				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of							
_	total expenses shown on line 25 below) ADMINISTRATIVE FEES	49,000		48.000				
a b		48,000 6,198		48,000 6,198				
c	POSTAGE AND SHIPPING	5,456		5,456				
d	INSURANCE EXPENSE	3,348		3,348				
e	TEMPORARY HELP	3,035		3,035				
f	All other expenses	7,317		7,317				
25	Total functional expenses. Add lines 1 through 24f	5,513,126	5,187,614	325,512	0			
26	Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2,213,120	5,237,921					

2 Savings and temporary cash investments	Pa	rt X	Balance Sheet			
2 Savings and temporary cash investments						• •
A		1	Cash—non-interest-bearing	271,141	1	383,794
4 Accounts receivable, net		2	Savings and temporary cash investments	2,668,456	2	516,836
Securables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		3	Pledges and grants receivable, net	128,677	3	145,910
highest compensated employees Complete Part II of Schedule L. 5		4	Accounts receivable, net		4	
Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) Complete Part II of Schedule L		5				
Persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			Schedule L		5	
Notes and loans receivable, net 288,841 7 285,800		6				
10a			Schedule L		6	
10a	ę	7	Notes and loans receivable, net	289,841	7	265,998
10a	Š	8	Inventories for sale or use		8	
Part VI of Schedule D Less accumulated depreciation 10b 16.765 1.921 10c 1.26 1.26 1.27 1.28	⋖	9	Prepaid expenses and deferred charges	930	9	18,746
11 Investments—publicly traded securities See Part IV, line 11 1.780.733 11 10.556.33 12 Investments—program-related See Part IV, line 11 1.3 Investments—program-related See Part IV, line 11 1.3 Investments—program-related See Part IV, line 11 1.3 Intangible assets		10a				
12 13 14 13 13 14 13 14 14		ь	Less accumulated depreciation 10b 16,765	1,921	10c	1,263
13 Investments—program-related See Part IV, line 11 13 14 14 15 15 15 15 15 15		11	Investments—publicly traded securities	11,780,733	11	10,556,324
14 Intangible assets		12	Investments—other securities See Part IV, line 11		12	
15 Other assets See Part IV, line 11		13	Investments—program-related See Part IV, line 11		13	
16 Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets		14	
17 Accounts payable and accrued expenses		15	Other assets See Part IV, line 11	101,871	15	68,780
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)	15,243,570	16	11,957,651
19 Deferred revenue		17	Accounts payable and accrued expenses .	57,945	17	104,661
Tax-exempt bond liabilities		18	Grants payable	3,363,027	18	2,938,750
Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue		19	
23 Secured mortgages and notes payable to unrelated third parties		20	Tax-exempt bond liabilities		20	
23 Secured mortgages and notes payable to unrelated third parties	<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
23 Secured mortgages and notes payable to unrelated third parties		22				
23 Secured mortgages and notes payable to unrelated third parties	-5		persons Complete Part II of Schedule L		22	
25 Other liabilities Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties		23	
Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties		24	
Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25	Other liabilities Complete Part X of Schedule D		25	
through 29, and lines 33 and 34. 27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	3,420,972	26	3,043,411
lines 30 through 34. 30 Capital stock or trust principal, or current funds			- · · · · · · · · · · · · · · · · · · ·			
lines 30 through 34. 30 Capital stock or trust principal, or current funds	ä	27	Unrestricted net assets	1,962,142	27	1,932,657
lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ba	28	Temporarily restricted net assets	9,860,456	28	6,981,583
lines 30 through 34. 30 Capital stock or trust principal, or current funds	귤	29	Permanently restricted net assets		29	
30 Capital stock or trust principal, or current funds	r Fur		,			
31 Paid-in or capital surplus, or land, building or equipment fund		30			30	
33 Total net assets or fund balances	φ					
33 Total net assets or fund balances	ASS	l				
34 Total liabilities and net assets/fund balances				11,822,598		8,914,240
	Z		Total liabilities and net assets/fund balances			11,957,651

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

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

Inspection **Employer identification number**

MASSA		TTS BAR F	OUNDATION IN	С					p.o, o			
									04-613026			
	rt I			olic Charity Stat						structions		
	rgani.		•	e foundation because	•		•	•)			
1 2	<u>'</u>		•	on of churches, or as: in section 170(b)(1)				(I)(A)(I).				
3	<u>'</u>			perative hospital serv			-	170/h\/1\/	. \/ iii\			
4	<u>'</u>	•	•	organization operate	-					\(A \(iii\ Ent	ortho	
•	'		l's name, cit		ea ili conjunt	ction with a i	lospital desci	ibed iii secti	on 170(b)(1	.)(A)(III). LIII	er tile	
5	Г	An orga	anization ope	rated for the benefit	of a college	or universit	v owned or ope	erated by a c	overnmenta	al unit describ	 ed in	
	·			A)(iv). (Complete Pa				,	•			
6	\sqcap	A feder	al, state, or	local government or	governmenta	al unit descr	ıbed ın sectio ı	n 170(b)(1)((A)(v).			
7	Γ	describ	ed ın	t normally receives a		l part of its s	support from a	government	tal unit or fro	om the genera	l public	:
_	_			A)(vi) (Complete Pa	-							
8	। जि		•	described in section								
9	<u> ~</u>	_		t normally receives	• •		• •		•		-	SS
		-		ties related to its ex- ss investment incom	•	-			• •			
			_	anızatıon after June 3				•		ax) ilolli busii	iesses	
10	\vdash	•		anized and operated	•			•	•			
11	r	An orga	anızatıon org more publicly	anized and operated y supported organiza	exclusively tions descri	for the bene bed in section	fit of, to perfoi on 509(a)(1) o	rm the functi or section 50	ions of, or to 09(a)(2) Se	•		
			Type I	b Type II			- Functionally		d	┌ Type I	II - Otl	ner
e	Γ			x, I certify that the c								
			nan foundatio 509(a)(2)	on managers and oth	er than one o	or more publ	icly supported	d organizatio	ns describe	d in section 5	09(a)(1) or
f				eceived a written de	termination	from the IRS	that it is a Ty	ype I, Type I	II or Type II	II supporting	organız	ation,
		checkt	hıs box									
g			ugust 17, 2 g persons?	006, has the organiz	ation accep	ted any gift	or contributior	n from any of	fthe			
				ectly or indirectly co	ntrols, eithe	r alone or to	gether with pe	ersons desci	rıbed ın (ıı)		Yes	No
		and (III)) below, the g	overning body of the	the support	ted organiza	tion?			11g(i)		
		(ii) a fa	mily membe	r of a person describ	ed ın (ı) abo	ve?				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described ii	n (ı) or (ıı) al	oove?			11g(iii		
h		Provide	the followin	g information about t	he supporte	d organızatı	on(s)					
				(iii)	(iv)	j				•		
	(i)			Type of organization	Is th	e	(v) Did you not	ify the	(vi			
	Name		(ii)	(described on	organızat col (ı) lıs		organizati	•	organiza			vii)
	uppo		EIN	lınes 1- 9 above	your gove		col (ı) of	•	col (ı) org		1	ount of oport?
01	rganız	atıon		or IRC section	docume	-	suppor	t?	in the U	JS?	34	ротс.
				(see instructions))	Yes	No	Yes	No	Yes	No	1	

Total

ınstructions

:	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIIE J,	,, or o or rait.	· · /		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	the organization without charge				+		
	Total. Add lines 1 through 3 The portion of total contributions by						
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
6	(f) Public Support. Subtract line 5 from						
U	line 4						
S	ection B. Total Support						
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	in)		. ,	` ,	, ,		+ ` ′
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
12	through 10) [Gross receipts from related activities	os ats /Saa inst	rustions \			140	
	·	•	•		661	12	<u> </u>
13	First Five Years If the Form 990 is for check this box and stop here	or the organizati	on's first, second	, thira, fourth, or	TITTN tax year as a	501(c)(3) orga	inization,
	check this box and stop here						. ,
S	ection C. Computation of Pub						
14	Public Support Percentage for 2009	(line 6 column ((f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A, Pa	rt II, lıne 14			15	
16a	33 1/3% support test—2009. If the	-		,	line 14 is 33 1/3%	6 or more, chec	- -
_	and stop here. The organization qua				- 11 4-		▶
Ь	33 1/3% support test—2008. If the box and stop here. The organization				ba, and line 15 is	33 1/3% or moi	re, check this
17a	10%-facts-and-circumstances test-			-	ne 13.16a or 16	b and line 14	F-1
	is 10% or more, and if the organizat						ın
	ın Part IV how the organization mee						orted
	organization						▶ ┌
b	10%-facts-and-circumstances test-	_					
	15 is 10% or more, and if the organ Explain in Part IV how the organizat						cly
	supported organization	.ion meets the T	acis allu CIICUMS	tances test Inc	: organization qua	iiiiles as a publi	e iy ▶[
10	Deirecta Considering If the agreement	an did not abasi	a hay an line 12	16- 16- 17	17	hay and sas	- ,

▶□

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

1	(Complete	only if you	checked the box	on line 9 of Part I.

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,379,570	4,479,148	8,226,888	4,377,612	2,	332,944	23,796,162
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	4,379,570	4,479,148	8,226,888	4,377,612	2,	332,944	23,796,162
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	7,629	4,510	1,400	3,750		6,450	23,739
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							0
	amount on line 13 for the year	7.620	4 540	1 100	2.750		6.450	22 720
	Add lines 7a and 7b Public Support (Subtract line 7c	7,629	4,510	1,400	3,750		6,450	23,739
8	from line 6)							23,772,423
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
9	A mounts from line 6	4,379,570	4,479,148	8,226,888	4,377,612	2,	332,944	23,796,162
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar	260,502	344,248	682,541	427,258		268,976	1,983,525
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	260,502	344,248	682,541	427,258		268,976	1,983,525
11	Net income from unrelated business activities not included in line 10b, whether or not the							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part							
13	IV) Total support (Add lines 9, 10c, 11 and 12)	4,640,072	4,823,396	8,909,429	4,804,870	2,	601,920	25,779,687
14	First Five Years If the Form 990 is check this box and stop here	for the organizatio	n's first, second,	thırd, fourth, or f	ifth tax year as a	501(c)(3) organı	zation,
Se	ction C. Computation of Pub	lic Support Pe	rcentage					
15	Public Support Percentage for 2009			13 column (f))		15		92 210 %
16	Public support percentage from 200)8 Schedule A, Pa	rt III, line 15			16		92 730 %
	ation D. Constitution C.		D :					
<u>Se</u> 17	ction D. Computation of Inv Investment income percentage for				(f))			7.600.00
1/	investment income percentage for	TOO S (IIIIS TOC COI	anni (i) aivided b	y mile 13 column	(17)	17		7 690 %

Investment income percentage from 2008 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493291001100

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

	me of the organization SACHUSETTS BAR FOUNDATION INC	oloyer identification number	identification number		
IIAC	SACTOSETTS BAKT GONDATION INC		04-	6130261	
Pa	organizations Maintaining Donor Actions organization answered "Yes" to Form 99		unds	or Accounts. Complete if	the
		(a) Donor advised funds	1	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or adv		No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				No
Pai	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forr	n 990, Part IV, line 7.	
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of a c	certifie	rically importantly land area od historic structure	
2	easement on the last day of the tax year	ned conservation contribution in the form	Гогас	Held at the End of the Year	
_	Total number of conservation easements		2a	neid at the chid of the Year	
ь	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified his		2c		
d	Number of conservation easements included in (c) ac	· ·	2d		
	. ,	· · · · · · · · · · · · · · · · · · ·			
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by tr	ne organization during	
	the taxable year 🗠				
4	Number of states where property subject to conserva	ition easement is located 🗠			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of		No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents d	luring the year ►	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s durın	g the year ► \$	
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion	Γ Yes Γ I	No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial			
Par	TIII Organizations Maintaining Collection Complete if the organization answered "		or Ot	her Similar Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in fu		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		· · · · · · · · · · · · · · · · · · ·	
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$	
	(ii) Assets included in Form 990, Part X			<u></u>	
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		or finan	ncial gain, provide the	

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	asur	es, or O	<u>the</u>	· Simila	<u>ır Asse</u>	ts (cc	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	lowing th	at are	a significa	nt us	e of its o	ollection		
а	Public exhibition		d	Γ	Loan or	excha	ange progr	ams				
ь	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further	the or	ganızatıon	's ex	empt pur	pose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar		Yes	┌ No
Par	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiza	atıon			es" to Fo	orm 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributi	ons or	other ass	ets n	ot	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ing ta	able		Г			A mou	nt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year						-	1e				
f												
2a	Did the organization include an amount on Fo	orm 990 Part X line	217 د				L				Ves	
	If "Yes," explain the arrangement in Part XIV									,		, 110
	rt V Endowment Funds. Complete		ı ans	were	ed "Yes'	' to Fo	orm 990.	Part	TV. line	10.		
	Theomician and Complete	(a)Current Year		b) Prior			o Years Back				Four Y	ears Back
1a	Beginning of year balance	11,780,733		10	0,669,003							
ь	Contributions	1,128,635			824,220							
c	Investment earnings or losses	-2,293,471			343,539							
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses	59,573			56,029							
g	End of year balance	10,556,324		1	1,780,733							
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment 🕨 %											
С	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	thata	are held a	and ad	ministered	l for t	:he			
	organization by										Yes	No
	(i) unrelated organizations							•		3a(i)		No
b	(ii) related organizations				ulo D2					3a(ii) 3b		No I
4	Describe in Part XIV the intended uses of th	•						•		30		
	t VI Investments—Land, Buildings					n Par	t X line	10				
		, unu Iquipino			a) Cost or		(b)Cost or		(c) Accı	ımulated		
	Description of investment				isis (invest		basis (oth			ciation	(d) B	ook value
1a	Land											
ь	Buildings											
С	Leasehold improvements											
d	Equipment						1	8,028		16,765		1,263
e	Other											
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B,), line	10(c).)							1,263
									Sche	dule D (F	orm 9	90) 2009

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

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,591,807
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,513,126
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,921,319
4	Net unrealized gains (losses) on investments	4	12,961
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	12,961
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,908,358
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	2,648,526
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	56,719
3	Subtract line 2e from line 1	3	2,591,807
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,591,807
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	5,556,884
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	43,758
3	Subtract line 2e from line 1	3	5,513,126
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,513,126
Par	t XIV Supplemental Information		

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference | Explanation

Ident if ier

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493291001100

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service Name of the organization

MASSACHUSETTS BAR FOUNDATION INC

Schedule I

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection Employer identification number

MASSACHUSELIS BAR FOUNDALION	NINC					04-6130261	
Part I General Information	on Grants and	Assistance				•	
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	▽ Yes						
Form 990, Part IV, line	21 for any recipie	ent that received m	nore than \$5,000. Ch	eck this box if no one	recipient received	d more than \$5,000.	Use
organization	(b) EIN	section	` '	cash	valuation (book, FMV,	1	(h) Purpose of gran or assistance
See Additional Data Table							

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation	

Software ID:

Software Version:

EIN: 04-6130261

Name: MASSACHUSETTS BAR FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A dvocates Inc	23-7451423	501(c)(3)	20,000		Book	N/A	Advocacy, Benefits & Legal Services Program
AIDS Action Committee of Massachusetts Inc	22-2707246	501(c)(3)	20,000		Book	N/A	Legal Services Department
Alternatives for Community & Environment	04-3228509	501(c)(3)	15,000		Book	N/A	Legal Services Program
Aıd to Incarcerated Mothers	04-2708648	501(c)(3)	12,500		Book	N/A	Legal Advocacy Project
ASIAN TASK FORCE AGAINST DOMESTIC VIOLENCE	04-3103354	501(c)(3)	15,000		Book	N/A	LEGAL ADVOCACY SERVICES PROGRAM
Bar Association of Norfolk County	04-6170166	501(c)(6)	22,510		Book	N/A	Evening Legal Clinics
Barnstable County Bar Association	04-2653880	501(c)(6)	18,600		Book	N/A	Lawyer of the Day Program
BARNstable County Bar Association	04-2653880	501(C)(6)	15,000		Book	N/A	BARNSTABLE COUNTY PRO BONO CONCILATION PROJECT
BAY COVE HUMAN SERVICES	04-2518575	501(c)(3)	10,000		Book	N/A	LEGAL CASE MANAGEMENT PROGRAM
Berkshire Community Action Council Inc	04-2422074	501(c)(3)	27,500		Book	N/A	Berkshire Immigrant Center

Form 990,Schedule I, Par	rt II, Grants a	nd Other Assistar	nce to Governme	nts and Organizat	ions in the Uniter	d States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Berkshire County Consumer Advocates Inc	51-0167621	. 501(c)(3)	30,000		Book	N/A	Consumer Redress and Education Program
Berkshire County Regional Housing Authority	04-2859886	501(c)(3)	36,000		Book	N/A	Housing Services and Mediation Program
BERKSHIRE MEDIATION Services Inc	04-3057430	501(c)(3)	10,000		Book	N/A	COMMUNITY MEDIATION COURT PROGRAM
Boston Medical Center	04-3314093	501(c)(3)	22,500		Book	N/A	MLPC Community Health Ctr Legal Clinic Project
BRISTOL COUNTY BAR ASSOCIATION	04-2944253	501(C)(6)	15,000		Book	N/A	BCBA PRO BONO CONCILATION PROJECT
Brookline Community Mental Health Center	04-2263744	501(c)(3)	55,000		Book	N/A	Metropolitan Mediation Services
Cape Cod Dispute Resolution Center Inc	04-3071311	. 501(c)(3)	29,900		Book		Orleans/Falmouth/Nantucket District Court Mediation Program
CASA Project Inc	04-2711865	501(c)(3)	38,000		Book	N/A	CHINS Child Protection Project
Casa Myrna Vazquez Inc	04-2625710	501(c)(3)	·		Book	N/A	Legal Advocacy Program
Catholic Charitable Bureau of the Archdiocese Of Boston Inc	04-2534041	. 501(c)(3)	35,000		Book	N/A	Immigration Legal Services Program
'		•	•	·			•

Form 990, Schedule I, Par	rt II, Grants ar	nd Other Assistanc	e to Governments	and Organizatior	is in the United Sta	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charitable Bureau of the Archdiocese Inc	04-2534041	501(c)(3)	27,500		Book	N/A	Immigration Clinic
Catholic Social Services of Fall River Inc	04-2106394	501(c)(3)	70,000		Book	N/A	Immigration Law Education Advocacy Project (ILEAP)
Catholic Social Services of Fall River Inc	04-2106394	501(c)(3)	75,000		Book	N/A	Immigrant Victims Representation Project
Center for Human Development	04-2503926	501(c)(3)	25,000		Book	N/A	HIV/AIDS Law Consortium of Western MA
Center for Public Representation	04-2760470	501(c)(3)	20,000		Book	N/A	ROSIE D IMPLEMENTATION PROJECT
Center for Public Representation	04-2760470	501(c)(3)	17,500		Book	N/A	Brain Injury Community Integration Project
CENTRo Presente Inc	04-2754284	501(c)(3)	35,000		Book	N/A	LEGAL IMMIGRATION SERVICES PROGRAM
Children's Law Center of Massachusetts Inc	04-2622153	501(c)(3)	75,708		Book	N/A	Child & Adolescent Legal Services
Children's Law Center of Massachusetts Inc	04-2622153	501(c)(3)	30,000		Book	N/A	EdLaw Project
Children's Law Center of Massachusetts Inc	04-2622153	501(c)(3)	30,000		Book	N/A	Pro Bono Program
'			1	1		,	

Form 990,Schedule I, Part	t II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMunity Action	04-2384972	501(c)(3)	31,000		Book	N/A	DIVORCE AND FAMILY MEDIATION PROGRAM
Community Dispute Settlement Center	04-3030799	501(c)(3)	42,500		Book	N/A	Divorce/Paternity and District Court Mediation Program
COMMUNITY LEGal Services and Counseling Center	04-2470335	501(c)(3)	45,000		Book	N/A	DOMESTIC VIOLENCE AND CHILD SUPPORT PROJECT
COMMUNITY LEgal Services and Counseling Center	04-2470335	501(c)(3)	15,625		Book	N/A	HOMELESSNESS PREVENTION PROJECT
COMMUNITY LEgal Services and Counseling Center	04-2470335	501(c)(3)	80,000		Book	N/A	IMMIGRATION LAW PROJECT
Community Service Network Inc	22-2621963	501(c)(3)	16,000		Book	N/A	CSN HEART Project
Disability Law Center Inc	04-2741869	501(c)(3)	12,500		Book	N/A	SPECIAL EDUCATION OUTREACH PROJECT
Dismas House of Central Massachusetts	54-2075825	501(c)(3)	18,500		Book	N/A	
Dispute Resolution Services Inc	04-2989822	501(c)(3)	25,000		Book	N/A	Attorney Mediation Training & SERVICES PROGRAM
DOVE Inc	04-2667808	501(c)(3)	27,500		Book	N/A	Legal Advocacy Program

Form 990,Schedule I, Par	rt II, Grants an	ıd Other Assistanc	e to Governments	and Organization	is in the United Sta	ıtes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST Boston Ecumenical Community Council	04-2774242	501(c)(3)	24,400		Book	N/A	COMMUNITY LEGAL ASSISTANCE PROGRAM
Ecumenical Social Action Committee Inc	04-2455301	501(c)(3)	40,000		Book	,	Sustainable Homeownership Center
Employment Options Inc	23-7089596	501(c)(3)	45,000		Book	N/A	Clubhouse Family Legal Support Project
Essex County Bar Association	04-2636299	501(c)(3)	11,000		Book	N/A	Children's Law Project
ESSex County Bar Association	04-2636299	501(c)(3)	42,000		Book	N/A	PRO BONO CONCILATION PROGRAM
ESSex County Bar Association	04-2636299	501(c)(3)	27,000		Book	N/A	PROBATE & FAMILY COURT LAWYER FOR THE DAY PROGRAM
Fair Housing Center of Greater Boston	04-3425772	501(c)(3)	20,000		Book	N/A	Fair Housing Enforcement Program
Family Service Association of Greater Fall River	04-2104058	501(c)(3)	50,000		Book	N/A	Guardianship Services Program
Fair Employment Project Inc	26-0370612	501(c)(3)	30,000		Book	N/A	Fair Employment Project
Framingham Court Mediation Services Inc	04-2710084	501(c)(3)	35,000		Book	N/A	Framingham Court Mediation Services
·	'		,	'	•	•	,

Form 990,Schedule I, Part	·			and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINEX HOUSE	22-2479325	501(c)(3)	12,000		Book	N/A	LEGAL ADVOCACY PROJECT
Franklin County Bar Advocates Inc	04-2691327	501(c)(3)			Book	N/A	Bar Advocates for Children
Franklin County Bar Advocates Inc	04-2691327	501(c)(3)	15,000		Book	N/A	Bar Advocates for Elders
Franklin County Bar Advocates Inc	04-2691327	501(c)(3)	22,500		Book	N/A	Bar A dvocates for Women
Friendly House Inc	04-2104239	501(c)(3)	22,500	_	Book	N/A	Immigration Aid Initiative
Gay Men's Domestic Violence Project	04-3295230	501(c)(3)	15,000		Book	N/A	GLBT Domestic Violence Attorney Program
Gerontology Institute University of Massachusetts- Boston	04-3167352	501(c)(3)	10,000		Book	N/A	New England Pension Assistance Project
GLAD	04-3111017	501(c)(3)	30,000		Book	N/A	A I DS Law Project
Greater Boston Legal Services	04-2103907	501(c)(3)	35,000		Book	N/A	Affordable Housing Preservation & Forclosure Prevention Project
Greater Boston Legal Services	04-2103907	501(c)(3)	45,000		Book	N/A	Family Work and Welfare Project

Form 990,Schedule I, Par	rt II, Grants an	d Other Assistanc	e to Governments	and Organization	is in the United Sta	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Boston Legal Services	04-2103907	501(c)(3)	38,000		Book	N/A	Low-Income Taxpayer Assistance Project (LITAP)
Greater Boston Legal Services	04-2103907	501(c)(3)	50,000		Book	N/A	Pro Bono Employment Project
Greater Boston Legal Services	04-2103907	501(c)(3)	80,000		Book	N/A	Refugees and Immigrants Protection Project
Greater Lowell Bar Association	04-3099386	501(c)(3)	21,000		Book	N/A	Lowell Superior Court Conciliation and Early Intervention Program
Hampden County Bar Association	51-0139332	501(c)(6)	75,000		Book	N/A	Children's Law Project
Hampden County Bar Association	51-0139332	501(c)(6)	10,000		Book	N/A	Juvenile Mediation & Advocacy Program
Hampshire County Bar Association	22-3131516	501(c)(6)	13,500		Book	N/A	Domestic Relations Program for Children
Hampshire County Bar Association	22-3131516	501(c)(6)	25,000		Book	N/A	Hampshire Elder Law Program(HELP)
Health Law Advocates Inc	04-3298116	501(c)(3)	10,000		Book	N/A	Children's Mental Health Advocacy Project- Suffolk Juvenile Court
Homeowner Options for MA Elders	04-2931627	501(c)(3)	40,000		Book	N/A	Senior Homeowner Displacement Prevention Project

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	is in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Housing Discrimination Project	22-3043308	501(c)(3)	20,000		Book	N/A	Fair Housing Legal Coordination Program
Housing Discrimination Project	22-3043308	501(c)(3)	35,000		Book	N/A	Foreclosure Relief Project
Independence House Inc	04-2716665	501(c)(3)	15,000		Book	N/A	Brazilian Portuguese SAFEPLAN Advocate
International Institute of Boston	04-2104325	501(c)(3)	40,000		Book		A sylum Representation Project
International Institute of Boston	04-2104325	501(c)(3)	30,000		Book	N/A	Immigration Clinic
International Institute of Lowell	04-2104330	501(c)(3)	10,000		Book	N/A	Legal Services for Immigrants and Refugees
Irish Immigration Center	04-3063382	501(c)(3)	40,000		Book	N/A	Immigrant Services and Citizenship Program
Jeanne Geiger Crisis Center	22-2474823	501(c)(3)	30,000		Book	N/A	Domestic Violence Family Law Program
Jewish Family Service of Western Massachusetts Inc	04-2104352	501(c)(3)	20,000		Book	N/A	Legal Services for Elders
Jewish Family Service of Worcester Inc	04-2104350	501(c)(3)	20,000		Book	N/A	Elder Guardianship Program
i i	'	•	•	•	•	'	•

(a) Name and address of	(b) EIN	(c) IRC Code section	(d) A mount of cash	(e) A mount of non-	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(0) [1]	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
JRI Health Law Institute	04-2526357	501(c)(3)	40,000		Book	N/A	Serving the Underserved Closer to Home
Just A Start	23-7121174	501(c)(3)	15,000		Book	N/A	Mediation for Results
Lawyers Clearinghouse on Affordable Housing & Homelessness Inc	04-3501039	501(c)(3)	21,000		Book	N/A	Community Legal Referral Program
LAWYERS COMMITTEE FOR CIVIL RIGHTS BOSTON BAR ASSOCIATION	04-3490614	501(c)(3)	12,500		Book	N/A	HEALTH DISPARITIES PROJECT
Legal Advocacy and Resource Center Inc	04-3443101	. 501(c)(3)	45,000		Book	N/A	Legal Hotline
Legal Assistance Corporation of Central Massachusetts	04-2446242	501(c)(3)	45,000		Book	N/A	Family Advocates of Central MA
Legal Assistance Corporation of Central Massachusetts	04-2446242	501(c)(3)	60,000		Book	N/A	Hon Harry T Zarrow Homeless Advocacy Project
Legal Assistance Corporation of Central Massachusetts	04-2446242	501(c)(3)	58,000		Book	N/A	Pro Se Litigants and Family Court
LEGAL ASSistance Corporation of Central Massachusetts	04-2446242	501(c)(3)	20,000		Book	·	NORTHERN WORCESTER COUNTY IMMIGRANT PROJECT
LEGAL ASSistance Corporation of Central Massachusetts	04-2446242	501(c)(3)	25,000		Book	N/A	WORCESTER FORECLOSURE DEFENSE PROJECT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Legal Assistance Corporation of Central Massachusetts	04-2446242	501(c)(3)	40,000		Book	N/A	Worcester Fair Housing Project
LUTHERAN SOCIAL SERVICES	04-2775393	501(c)(3)	40,000		Book	N/A	SERVICES FOR NEW A MERICA N PROGRA M
Martha's Vineyard Community Services Inc	04-2301598	501(c)(3)	15,000		Book	N/A	CONNECT TO END VIOLENCE
Massachusetts Advocates for Children	04-2488456	501(c)(3)	40,000		Book	N/A	Children's Law and Education Justice Project
Massachusetts Bar Institute	04-3293798	501(c)(3)	40,000		Book	N/A	Veteran's Pro bono Initiative
Massachusetts Correctional Legal Services Inc	04-2523362	501(c)(3)	45,000		Book	N/A	Chronic & Infectious Disease Project
Massachusetts Correctional Legal Services Inc	04-2523362	501(c)(3)	35,000		Book	N/A	Prison Brutality and HUMAN RIGHTS Project
Massachusetts Immigrant and Refugee Advocacy (MIRA) Coalition	22-3115048	501(c)(3)	13,000		Book	N/A	Immigration Law Training & Technical Assistance Project
Massachussetts Justice Project	04-3323539	501(c)(3)	15,000		Book	N/A	Holyoke Medical Legal Partnership
Massachusetts Justice Project Inc	04-3323539	501(c)(3)	55,300		Book	N/A	Volunteers for Justice

Form 990,Schedule I, Pai	rt II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Massachusetts Justice Project Inc	04-3323539	501(c)(3)	44,500		Book	N/A	V olunteer Lawyers Service-Worcester
Massachusetts Law Reform Institute	04-6004303	501(c)(3)	25,000		Book	N/A	Housing Preservation Project
Massachusetts Law Reform Institute	04-6004303	501(c)(3)	46,000		Book	N/A	Immigrants Protection Project
Mediation Services of North Central MA Inc	22-2881830	501(c)(3)	40,000		Book	N/A	Court and Community Mediation Program
Mediation Works Incorporated	04-3250315	501(c)(3)	20,000		Book	N/A	MWI Eviction Mediation Program
Merrimack Valley Legal Services Inc	23-7381007	501(c)(3)	20,000		Book	N/A	MVLS Cambodian Outreach Project
Merrimack Valley Legal Services Inc	23-7381007	501(c)(3)	40,000		Book	N/A	Consumer Law Project
Merrimack Valley Legal Services Inc	23-7381007	501(c)(3)	35,000		Book	N/A	Domestic Violence Advocacy Project
METRoWest Legal Services	04-3177488	501(c)(3)	50,350		Book	N/A	CHILDREN'S EDUCATION ADVOCACY PROGRAM
METRoWest Legal Services	04-3177488	501(c)(3)	67,320		Book	N/A	DOMESTIC VIOLENCE PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRoWest Legal Services	04-3177488	501(c)(3)	30,960		Book	N/A	EVICTION DEFENSE PROJECT
METRoWest Legal Services	04-3177488	501(c)(3)			Book	N/A	HOMELESS ADVOCACY PROJECT
Middlesex County Bar Association	22-2005076	501(c)(6)	25,000		Book	N/A	MCBA Pro Bono Conciliation Program
Middlesex County Bar Association	22-2005076	501(c)(6)	1,500		Book	N/A	MIDDLESEX PROBATE AND FAMILY COURT FAMILY LAW INFORMATION CENTER
National Consumer Law Center	04-2488502	501(c)(3)	15,000		Book	N/A	Debt Collection Justice Project
National Lawyers Guild Mass Chapter	04-3453456	501(c)(3)	18,000		Book	N/A	Street Law Clinic Project
Neighborhood Legal Services Inc	04-2430192	501(c)(3)	12,000		Book	N/A	Consumer Debt Response System
Neighborhood Legal Services Inc	04-2430192	501(c)(3)	38,000		Book	•	Eviction Legal Services & Elder Home Preservation Project
Neighborhood Legal Services Inc	04-2430192	501(c)(3)	56,690		Book	N/A	
Neighborhood Legal Services Inc	04-2430192	501(c)(3)	36,000		Book	N/A	IMMIGRANT RIGHTS PROJECT
i e							

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Center for Legal Advocacy Inc	04-3330208	501(c)(3)	45,000		Book	N/A	Project PADRE
New Center for Legal A dvocacy Inc	04-3330208	501(c)(3)	50,000		Book	N/A	PRO BONO PROJECT
North Shore Community Action Programs Inc	04-2385280	501(c)(3)	35,000		Book	<u>'</u>	Homelessness Prevention Law Project
North Shore Community Mediation Program	22-3293939	501(c)(3)	12,000		Book	N/A	Court Mediation Program
North Shore Community Mediation Inc	22-3293939	501(c)(3)	8,000		Book	N/A	Divorce & Family Court Mediation Project
Pilgrim Advocates Inc	04-2794733	501(c)(3)	9,300		Book	N/A	Probate Court Project
Pilgrim Advocates Inc	04-2794733	501(c)(3)	4,480		Book	N/A	HOUSING COURT PROJECT
Political AsylumImmigration Representation Project	22-3003501	501(c)(3)	30,000		Book	N/A	Detention Center Initiative
Political AsylumImmigration Representation Project	22-3003501	501(c)(3)	9,206		Book	N/A	Pro Bono Asylum Program
Political AsylumImmigration Representation Project	22-3003501	501(c)(3)	25,000		Book	N/A	AILA PAIR Immigration Court Program

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Q uabbın Mediation	04-3429086	501(c)(3)	25,000		Book	N/A	Central Region Court Mediation Program
Rosie's Place Inc	04-2582187	501(c)(3)	17,500		Book	N/A	Advocacy-Legal Services Specialist
Safe Passage	01-0532835	501(c)(3)	25,000		Book	N/A	Legal Referral Panel
Shelter Legal Services Foundation Inc	04-3212264	501(c)(3)			Book	N/A	Veterans Legal Services, Shelter Legal Services, Project O utreach/CLASP
Somerville Community Corporation	23-7293380	501(c)(3)	22,500		Book	N/A	Somerville Mediation Court/Community Project
South Coastal Counties Legal Services Inc	04-2607691	501(c)(3)	40,000		Book	N/A	Elder Law Project
South Coastal Counties Legal Services Inc	04-2607691	501(c)(3)	56,000		Book	N/A	HOMELESSNESS Preservation Project
South Coastal Counties Legal Services Inc	04-2607691	501(c)(3)	40,000		Book	N/A	Education Advocacy Project
South Coastal Counties Legal Services Inc	04-2607691	501(c)(3)	98,000		Book	N/A	Immigration Law Project
South Coastal Counties Legal Services Inc	04-2607691	501(c)(3)	50,000		Book	N/A	Mass Legal Assistance for Self- Sufficiency Project

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Form 990, Schedule I, Par	rt II, Grants an	d Other Assistance	<u>e to Governments</u>	and Organization	is in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tri-City Community Action Program	04-2658101	501(c)(3)	50,000		Book	N/A	Pro Bono Legal Project
Victim Rights Law Center	02-0588944	501(c)(3)	25,000		Book	N/A	Rape Survivors Law Project
Volunteer Lawyers for the Arts	04-3065326	501(c)(3)	11,000		Book	N/A	VLA Legal Referral Program
WE CAN	31-1777179	501(c)(3)	7,500		Book	N/A	WE CAN Pro Bono Legal Clinics
Western Massachusetts Legal Services Inc	04-2506744	501(c)(3)	55,000		Book	N/A	Family Law Advocacy Project-Berkshire County
Western Massachusetts Legal Services Inc	04-2506744	501(c)(3)	33,000		Book	N/A	Hampshire/Franklin Family Law Advocacy Project
Western Massachusetts Legal Services Inc	04-2506744	501(c)(3)	58,427		Book	N/A	Housing Court Intervention Project- Hampden County
Western Massachusetts Legal Services Inc	04-2506744	501(c)(3)	56,870		Book	N/A	Housing Court Intervention Project- Hampshire/Franklin Counties
Western Massachusetts Legal Services Inc	04-2506744	501(c)(3)	26,000		Book	N/A	North End Outreach Project
Women's Bar Foundation of MA Inc	04-3228055	501(c)(3)	52,000		Book	N/A	Family Law Project for Battered Women
·					•		

Form 990,Schedule I, Par	t II, Grants and	d Other Assistance	to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Women's Center	04-2557022	501(c)(3)	30,000		Book	N/A	Legal Advocacy Project
Women's Lunch Place	22-2514148	501(c)(3)	8,500		Book	N/A	Advocacy and Legal Assistance Program
Worcester Community Action Council Inc	04-2382160	501(c)(3)	32,500		Book	N/A	CMC Small Claims Mediation-Worcester District Court
Worcester County Bar Association	04-3009711	501(c)(6)	5,760		Book	N/A	Reduced Fee Program
YWCA of Central Massachusetts	04-2105873	501(c)(3)	45,800		Book	N/A	DAYBREAK AND BWR COURT Advocacy Program
YWCA Of Western Massachusetts	04-2103858	501(c)(3)	25,000		Book	N/A	YWCA Legal Advocacy Program
Volunteer Lawyers Project of the BBA	22-2486215	501(c)(3)	49,000		Book	N/A	Senior Partners for Justice-WEST
MASSACHUSETTS LEGAL ASSISTANCE CORP	04-2790762	501(c)(3)	13,000		Book	N/A	ACCESS TO JUSTICE COMMISSION

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DLN: 93493291001100

OMB No 1545-0047

Open to Public

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Inspection

	he organization SETTS BAR FOUNDATION INC					Employer ide	nt if icat io	n number	
	Excess Benefit Trans	actions (se	 ction 501(c)(3)	and section 501	(c)(4) org	04-613026 anızatıons or			
	Complete if the organization	answered "Y	es" on Form 990	Part IV, line 25a	or 25b, or Fo	rm 990-EZ, P	art V , line	40b	
1	(a) Name of disqua	ıfıed person		(b) Desc	ription of tra	ansaction		(c) Cor Yes	rrected? No
section	the amount of tax imposed on 4958 the amount of tax, if any, o				ons during ti	ne year under	\$		
Part II	Loans to and/or Fr								
	Complete if the organizat			0, Part IV, line 26	, or Form 99	0-EZ, Part V,	line 38a		
(a) Name	of interested person and	b) Loan to or from the ganization?	(c) O riginal principal amount	(d)Balance due	(e) I n default?	(f) Approve by board committe	or a	(g) Writte greemen	
		To From			Yes No	o Yes	No	Yes	No
Total .		 e Benefittir	► s ng Interested	Persons.	<u> </u>				
	Complete if the organi								
(a)	Name of interested person Business Transactio Complete if the organi	ns Involvii	and the c		(c _.	A mount of gra		of assist	ance
	Complete il tile organi		Relationship	orni 990, Parciv	, iiie zoa,	200, 01 200.		(e) Sh	arıng of
(a) N	lame of interested person	betwe pers	en interested on and the ganization	(c) A mount of transaction	(d) De	escription of tr	ansaction	organi	zation's nues? No
MARK DOH	IERTY	A SSISTA TREA SU	ANT		AND PA MASSA ASSOC NON PF WHILE	HERTY IS EM LID THROUGH CHUSETTS BA IATION, A RE ROFIT ORGAN ALSO FUNCTI	THE AR LATED IZATION		No

TREASURER FOR THE MASSACHUSETTS BAR

FOUNDATION

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization	Employer identification number
MASSACHUSETTS BAR FOUNDATION INC	
	04-6130261

Form 990, Part VI, Section B, Iine 11 Form 990, Part VI, Section B, Iine 12c Form 990, Part VI, Section B, Iine 15a Form 990, Part VI,	BOARD MEMBERS LOOK OVER AND EXAMINE 990 FOR ACCURACY UPON PASSING THEIR INSPECTION THE FORM IS FILED IF THERE IS A CONFLICT OF INTEREST, THE TRUSTEE OR FELLOW, SHALL NOT REVIEW THAT PROSPECTIVE ITEM AND SHALL ABSTAIN FROM VOTING ABSTENTION FROM VOTING SHALL BE RECORED IN THE MINUTES
Part VI, Section B, Inne 12c Form 990, Part VI, Section B, Inne 15a Form 990,	·
Part VI, Section B, Inne 15a	OF THE MEETING IN SPECIAL CIRCUMSTANCES, WITH A VOTE OF THE MAJORITY OF THE DISINTERESTED TRUSTEES, THE BOARD MAY VOTE TO SUSPEND THE CONFLICT POLICY AND THEN ALLOW ALL MEMBERS TO VOTE THIS SPECIAL VOTE WILL ALSO BE ENTERED INTO THE MINUTES OF THE MEETING ALL TRUSTEES AND FELLOWS SHALL PROVIDE AN ANUUAL WRITTEN SUMMARY OF ALL BUSINESS INVOLVEMENT WITH THE FOUNDATION THE CONFLICT OF INTEREST POLICY SHALL BE SUSPENDED CONCERNING ANY VOTE AND/OR ACTION BETWEEN THE FOUNDATION AND THE MASSACHUSETTS BAR ASSOCIATION
•	Compensation review for the Executive Director includes the following review and approval by the EXECUTIVE COMMITTEE No members of the Board have a conflict of interest with the Executive Director Documentation of the decision making process is maintained
Section C, line 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE USE OF ITS WEB SITE AND THE PUBLISHING OF PRINTED REPORTS
	FORM 990, PART XI, LINE 2C THE ORGANIZATION HAS AN AUDIT COMMITTEE WHOSE PURPOSE IS THE OVERSIGHT AND REVIEW OF THE AUDITED FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR

DLN: 93493291001100

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

04-3293798

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Name of the organization MASSACHUSETTS BAR FOUNDATION INC **Employer identification number**

04-6130261

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

(a)
Name, address, and EIN of disregarded entity

Primary activity

Legal domicile (state or foreign country)

Total income

End-of-year assets

(f) Direct controlling entity

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

(b) (d) (f) (c) (e) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status or foreign country) (if section 501(c)(3)) entity MASSACHUSETTS BAR ASSOCIATION PROMOTE THE LAW TO BOTH 20 WEST STREET THE PUBLIC AND LEGAL MA 501(C)(6) N/A **PROFESSION** BOSTON, MA 02111 04-1589785 MASSACHUSETTS BAR INSTITUTE DEVELOP AND DELIVER 20 WEST STREET EDUCATIONAL PROGRAMS, MA 501(C)(3) 9 N/A PUBLISH SCHOLARLY BOSTON, MA 02111 **PUBLICATIONS**

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 3
	because it had one or more related organizations treated as a partnership during the tax year.)

(a) (I Name, address, and EIN of Primary related organization

(b) Primary activity (c)
Legal
domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income **(g)** Share of end-of-year assets **(h)**Disproprtionate
allocations? ar

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (j) General or managing partner?

Yes No

Yes No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MBA Insurance Agency Inc 20 WEST STREET BOSTON, MA02111 04-3372475	INSURANCE BROKER	МА	N/A	С			

(5)

(6)

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

No

Yes

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

1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1 c		No
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
е	Loans or loan guarantees by other organization(s)	1e		No
f	· Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	n Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i		No
=	Lease of facilities, agrupment, or other assets from other organization(s)	1 <u>j</u>		No
j		1k		No
K	Performance of services or membership or fundraising solicitations for other organization(s)	11	Yes	"
-	Performance of services or membership or fundraising solicitations by other organization(s)	1m	_	No
	n Sharing of facilities, equipment, mailing lists, or other assets	1n		No
n	n Sharing of paid employees			"
_	• Reimbursement paid to other organization for expenses	10	Yes	
0		1p		
p	Remibulsement paid by other organization for expenses			
q	Other transfer of cash or property to other organization(s)	1 q		No
r	Other transfer of cash or property from other organization(s)	1r		No
	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 thres	holds		
	(a) Name of other organization (b) Transaction type(a-r)	Amoun	(c) t involv	ed
(1)	MASSACHUSETTS BAR ASSOCIATION 0		28	34,212
(2)	MASSACHUSETTS BAR ASSOCIATION			13,758
(8)	MASSACHUSETTS BAR INSTITUTE			3,348
(4)	MASSACHUSETTS BAR INSTITUTE		24	E 000

265,998

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

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

(a) Name, address, and EIN of entity (b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

No

Yes

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

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DLN: 93493291001100

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service	•	See separate instruction	s. 🕨 Attach	to your tax returr	ı.		Sequence No 67
Name(s) shown on return		Business or a	activity to which	this form relates	Iden	t if y inç	g number
MASSACHUSETTS BAR F	OUNDATION I	NC Form 990 Pa	ge 10		04-6	31302	61
		Certain Property Un	der Section				
		sted property, comple			te Part I.		350.000
		for a higher limit for cert				1	250,000
		ced in service (see instru				2	200.000
		y before reduction in limit	•	uctions)		3	800,000
		from line 2 If zero or les	•			4	
		line 4 from line 1 If zero	or less, enter - ()- If married filin	g	_	
separately, see instruc	tions		• • •			5	
6 (a)	Description of pr	onerty	(b) Cost	(business use	(c) Elected		
			1	only)	(C) Elected		_
6							4
7 Listed property Enter	the amount from	June 20		. 7		\neg	┦
7 Listed property Enter							
		erty Add amounts in col	umn (c), lines 6	and /		8	
9 Tentative deduction E			1562			9	
10 Carryover of disallowe		•				10	
11 Business income limitation						11	
12 Section 179 expense				n line 11 · ·	• •	12	
13 Carryover of disallowe		<u> </u>		. 13			
Note: Do not use Part			-) (G
	_	Allowance and Othe	_	_		operty	(See instructions)
14 Special depreciation a tax year (see instruction)		illied property (other than	i iistea property) praced in servic	e during the	14	
15 Property subject to se	,	election				15	
16 Other depreciation (in						16	
	<u>-</u>	Do not include listed i	property.) (Se	e instructions.	<u> </u>		
		-	ction A		<u> </u>		
17 MACRS deductions for	assets placed ı	n service in tax years be	gınnıng before 2	009		17	658
18 If you are electing t	o group any a	ssets placed in servic	e during the t	ax year ınto on	e or more		
general asset accou	ınts, check hei	re			▶□		
Section B—Ass	ets Placed in	Service During 200	08 Tax Year	Using the Ge	neral Dep	<u>recia</u>	tion System
	(b) Month and	(c) Basıs for depreciation					
(a) Classification of	year placed in	(business/investment	(d) Recovery	(e) Convention	(f) Metho	od	(g)Depreciation
property	service	use	period		. ,		deduction
		only—see instructions)					
19a 3-year property							
b 5-year property c 7-year property						-	
d 10-year property						-+	
e 15-year property							
f 20-year property							
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	MM	S/L		
property			27 5 yrs	MM	S/L		
i Nonresidential real			39 yrs	MM	S/L	-+	
property				MM	S/L		
20a Class life	on C—Assets Plac	ced in Service During 2009	ים iax Year Using	gτne Alternative) Syste	em .
b 12-year	1		12 yrs		S/L S/L	\dashv	
c 40-year			40 yrs	мм		\dashv	
	·y (see instruc	tions)	/ -		-, -		
21 Listed property Enter		•				21	
22 Total. Add amounts fro		14 through 17, lines 19 urn Partnerships and So			Enter here	22	658
23 For assets shown above portion of the basis att	•		t year, enter the	23			

Form 4562 (2009) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depre	ciation a	nd Other Info	rma	tion (C	Caution	: See	the ii	nstruct	ions for i	limits	for pa	asseng	er au	itomo.	biles.)
24a Do you have evidend	ce to support	the business/investn	nent u	se claime	d? ┌ Yes	Г№		24	b If "Yes,"	ıs the e	v idence	written?	Г	s ┌ N	0
(a) Type of property (list [vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost or bas	other	(busines	(e) r deprecia ss/investr se only)		(f) Recovery period	(g) Method/ Conventio		(† Depred dedu			(i) Electe section cost	ed 179
25Special depreciation allow 50% in a qualified busing	•		laced	ın service (during the	tax year	and u	sed more	than 25						
26 Property used more	· ·	· · · · · · · · · · · · · · · · · · ·	nacc	II.S.A.											
201 Toperty asea more	than 50 70	%	111033	use						Т					
		%													
		%													
27 Property used 50%	or less in a		s us	e	1				C/I						
		%							S/L - S/L -	+			_		
		%							S/L -	\dashv			-		
28 Add amounts in co	lumn (h), lır	nes 25 through 27	7 Ent	er here	and on li	ne 21,	page	1 .	2	.8					
29 Add amounts in co	lumn (ı). lın	e 26 Enterhere a	and o	n line 7.	page 1	_		_				29			
					mation	on U	se o	f Vehi	cles			=-			
Complete this section	for vehicles									or relat	ed per	son			
If you provided vehicles to y	our employee	es, first answer the qu	uestion	s in Section	on C to see	e if you n	neet a	n excepti				n for thos	e vehi		
30 Total business/inv	estment mi	les driven durina	the	_	a)	_	b)	١,,	(c)	1 -	d)		∍)		(f)
year (do not includ	e commutir	ng miles)		veni	icle 1	veni	cle 2	v e	hicle 3	ven	ıcle 4	Vehi	cie 5	Ven	ıcle 6
31 Total commuting m	niles driven	during the vear													
32 Total other persona			en												
33 Total miles driven	during the y	ear Add lines 30)												
through 32 . 34 Was the vehicle av	 allable for n	ersonaluse	•	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hou				163	110	163	110	163	110	163	140	163	140	163	+140
35 Was the vehicle us owner or related pe	ed primarily	by a more than!	5%												
36 Is another vehicle		r personal use?													
Sectio	n C—Oue	stions for Em	ploy	ers W	ho Pro	vide \	Vehi	cles fo	or Use b	v Th	eir Eı	mplov	ees		
Answer these question 5% owners or related p	s to determ	ııne ıf you meet aı												not mo	re thar
37 Do you maintain a vemployees?	written polic	cy statement that	proh	ıbıts all	personal •	use of	vehic •	les, inc	luding coi	mmutii	ng, by •	your •	<u> </u>	res	No
38 Do you maintain a vemployees? See th															
39 Do you treat all use	e of vehicle:	s by employees a	s per	sonal us	e? .										
40 Do you provide more vehicles, and retain		•	emplo	oyees, o	btaın ınfo	ormatio •	n fror	n your e	mployees	about	the us	se of the			
41 Do you meet the re	quirements	concerning quali	fied a	utomobi	ıle demoi	nstratio	n use	e? (See	ınstructıo	ns)					
Note: If your answe	er to 37, 38	, 39, 40, or 41 is	"Yes	," do no	t comple	te Sect	tion B	for the	covered v	ehicle	S				
Part VI Amortiz	ation														
		(b)						<i>(</i> 1)	(6	=)			(6)		
(a) Description of co	osts	Date amortization begins		A mort a mo	ızable		C	(d) Code ection	1 '	ızatıon od or ntage			(f) rtızatı nıs ye	on for ar	
42 A mortization of cos	sts that beg		009	tax year	(see ins	tructio	ns)								
		-													
43 A mortization of cos	sts that bea	an before vour 20	009 t	ax vear						43					
44 Total. Add amounts	-	•		•	ere to re	nort	_	_	-	44					

Additional Data

Software ID: Software Version:

EIN: 04-6130261

Name: MASSACHUSETTS BAR FOUNDATION INC

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

(Code) (Expenses \$	3,000	including grants of \$) (Revenue \$)
NAPOLITANO FU AGAINST DISCRI		UMMER LAW	STUDENT INTERNSHIP AT T	HE MASSACHUSETTS COMMISSION	I
(Code) (Expenses \$	1,000	including grants of \$) (Revenue \$)
MLGBA GRAY SCI	HOLARSHIP				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) A verage hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
JO SEPH PJ VRABEL ESQ PRESIDENT		Х		X				0	0	0
JERRY COHEN ESQ VICE PRESIDENT		Х		Х				0	0	0
DEAN ROBERT V WARD TREASURER		Х		Х				0	0	0
ANTOINETTE E M LEONEY SECRETARY		Х		X				0	0	0
MARK DOHERTY ASSISTANT TREASURER		Х		X				0	0	0
LAURENCE M JOHNSON ESQ PAST PRESIDENT			Χ					0	0	0
ROBERT JAMBROGI ESQ TRUSTEE			Х					0	0	0
JANET FASERKOFFESQ TRUSTEE			Χ					0	0	0
BERNARD J BONN III ESQ TRUSTEE			Х					0	0	0
RICHARD P CAMPBELL ESQ TRUSTEE			Х					0	0	0
HON THOMAS A CONNORS TRUSTEE			Χ					0	0	0
LAWRENCE J FARBER ESQ TRUSTEE			Χ					0	0	0
HON FRANCIS R FECTEAU TRUSTEE			Χ					0	0	0
HON ANNE M GEOFFRION TRUSTEE			Χ					0	0	0
HON WENDIE I GERSHENGO TRUSTEE			Χ					0	0	0
DANIEL J GLEASON ESQ TRUSTEE			Χ					0	0	0
KEVIN G KENNEALLY ESQ TRUSTEE			Χ					0	0	0
ROBERT J MARCHAND ESQ TRUSTEE			Х					0	0	0
EDWARD W MCINTYRE ESQ TRUSTEE			Х					0	0	0
ELIZABETH H MUNNELL TRUSTEE			Х					0	0	0
HARVEY WEINER ESQ TRUSTEE			Х					0	0	0
ELIZABETH LYNCH EXECUTIVE DIRECTOR	35 00			X				105,000	0	0
SUSANNAH THOMAS DEVELOPMENT DIRECTOR	35 00			X				59,291	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
ADMINISTRATIVE FEES	48,000		48,000	
PRINTING & PUBLICATION	6,198		6,198	
POSTAGE AND SHIPPING	5,456		5,456	
INSURANCE EXPENSE	3,348		3,348	
TEMPORARY HELP	3,035		3,035	